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OF

The City of Cape Town

ANNUAL REPORT

OF THE

Medical Officer of Health

For the year ended 30th June, 1955.

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THE CORPORATION OF THE CITY OF CAPE TOWN.

Report of the Medical Officer of Health

FOR THE YEAR ENDED 30TH JUNE, 1955.

To His Worship the Mayor and Councillors
of the City of Cape Town.

Ladies and Gentlemen,

I have the honour to present my report on the health conditions of the City of Cape Town for the year ended 30th June, 1955, together with an account of the work carried out by the City Health Department during the year.

Vital Statistics.

The population of the city, estimated as at 31st December, 1954, i.e. the middle point of the year under review, was 478,840 (191,020 Europeans and 287,820 non-Europeans). This is calculated from the previous Census figures and presumes that the rate of increase shown in those years will continue until the following Census reveals the true position. It must be realized that this estimate is based on a post-war boom period and that the increase exceeds the natural increase for the year by nearly 5,000. Nevertheless, industrial activity continues to expand, so there is no reason to suppose that the rate of increase has deflected to any marked extent from the norm.

The European population of wards 1, 2, 6, 7, 9, 13 and 15 is almost static, while the highest rate of increase among non-Europeans is to be found in ward 10.

With the half-million mark so close ahead, it is interesting to note that the proportion of 10 Europeans to 9·7 non-Europeans extant in 1914, has now become 6·7 Europeans to 10 non-Europeans, and, at the present rate of increase, will be 2 to 1 in favour of non-Europeans before 1962.

The population has increased by 167·8 per cent between 1916 and 1951 in Census stages of 14, 13, 24, 11, 9, 18 and 15 per cent, with the estimated increase for next year fixed at 16 per cent, bringing the total population to 509,420.

Births.

According to the returns of the local Registrar of Births and Deaths, 3,356 European and 10,605 non-European live births were registered as belonging to the Municipality of Cape Town during the year under review. This is equal to a birth rate of 17·62 for Europeans and 36·95 for non-Europeans. These rates are respectively 3·4 and 2·4 per cent less than those for the preceding year. This is the first significant fall in the European birth rate since 1949. The steadily declining non-European rate again achieves a new low record this year. Compared with the previous year, the uncorrected birth rates, i.e. all births in the city from whatever source, follow the same decreasing pattern as local births. In all races there was a greater proportion of male births, particularly among Asiatics. 81 per cent of all European births and 40 per cent of non-European births took place in institutions.

European illegitimate births decreased by 28 per cent but non-European illegitimate births were only slightly less than last year.

Deaths.

The total number of deaths registered as belonging to the Municipality was 1,743 Europeans and 3,308 non-Europeans, compared with 1,773 and 3,356 respectively last year. With decreases of 2·4 per cent for Europeans and 6·0 per cent for non-Europeans, the death rates are the lowest on record. Among Europeans, only cardiovascular and arterial diseases as a cause of death showed increases as compared with last year, and, together with malignant neoplasms, constitute the main causes of death in this group. The decrease in non-European deaths from tuberculosis was spectacular (485 against 348), due in fact to the effectiveness of the latest therapy in this disease. Unfortunately, non-European deaths from arterial diseases rose almost as startlingly, and except for the ever present high number of deaths from diarrhoea, there is a similarity developing in the pattern of the principal causes of death in both Europeans and non-Europeans.

The percentage of total deaths in institutions increased from 31 per cent last year to 32 per cent in the year under review. Although there were 2·1 times as many non-European births as European, the ratio of deaths was only 1·3 to 1. In the under 5 years of age group however, marked differences exist between the two racial groups in that only 5 per cent of the total European deaths occur in this age group, while no less than 47 per cent occur in the non-European group.

The European infant mortality rate of 21·45 recorded this year is more in keeping with the figure of 21·29 which was recorded in 1952-53 and was the lowest rate on record for this city. A slight increase in the non-European infant mortality rate has to be recorded but once again attention must be drawn to the increasingly high incidence of diarrhoea as a cause of mortality among non-Europeans. This disease, mainly responsible for the high infant mortality rate in this racial group, also holds the doubtful distinction of being the principal cause of death in this group. Hospital accommodation for the treatment of gastro-enteritis still continues to be most difficult with the result that many of these cases have to be treated as out-patients.

Infectious Diseases.

An unexpectedly high incidence of diphtheria has occurred this year. It was considered that the enhanced anti-diphtheria immunization programme of the department where the staff employed on immunization measures was doubled would have had the effect of still further reducing the number of un-vaccinated children and so eliminating this disease. 113 cases of diphtheria were confirmed (32 Europeans and 81 non-Europeans) of which 9 were fatal (1 European and 8 non-Europeans). Of this number, 23 had received full immunizing injections. The reasons for such an unexpected finding is still under investigation, and representations have been made to the responsible authority. It is, however, hoped that this unexpected reversal in incidence will prove to be only of academic interest, but it serves to remind us that diphtheria will continue to take its toll in those communities whose immunization programme is permitted to slacken off.

Fewer cases of enteric fever, 87 (11 European and 76 non-European) occurred during this year as compared with last year. No cases were directly attributable to milk-borne infection. In the course of intensive enquiries, contact with a known or recent case of enteric was established for a number of cases, but in the largest proportion, the source of infection could not be traced. There is little doubt that far too many cases of this disease continue to be notified in this city. Many of these occur in areas provided with water-borne sanitation. Gross overcrowding continues to be a problem, and it would appear that amongst the non-Europeans, communal feeding in each others' houses is more common than might be expected. Repeated checking for possible carriers has been in nearly every instance most unrewarding.

It is of particular significance to report that three members from one family resident outside the Municipality were admitted to the City Infectious Diseases Hospital with a presumptive diagnosis of typhoid fever. Their condition on investigation proved to be due to Q Fever, a disease entity which was previously unknown here and which further has only been reported on very few occasions from other parts of the Union. It seems quite likely that this disease is more prevalent in South Africa than the records would indicate and it is suggested that many "pyrexias of unknown origin" with respiratory symptoms might well turn out on fuller investigation to be cases of Q fever.

The incidence of acute poliomyelitis, 29 cases (10 Europeans and 19 non-Europeans), was more in keeping with the average numbers reported from this area in previous years and was less than half the number reported in the previous year. The cases were spread throughout the city, no secondary cases occurred in the same household, nor were there any deaths recorded. Group typing the discharges from a number of these cases revealed that Type II (Lansing strain) was responsible in each case so typed.

Scarlet fever was not unduly prevalent. The disease appeared in six institutions, but fortunately with no spread of infection.

Of the five cases of leprosy reported (all non-European), two occurred in the person of vagrants with no fixed abode.

Venereal Diseases.

During the year, a further decrease occurred in the number of new cases of venereal disease registered at the municipal treatment centres. The decrease was chiefly in the number of new cases of syphilis. Total attendances also dropped considerably, but this is to be expected in view of the modern therapy now practised at the clinics. Omitting those cases found not to be suffering from venereal disease, the true incidence is slightly above last year. As the disease is not notifiable in this country, there is no record of cases treated elsewhere than at the municipal treatment centres.

Tuberculosis.

A slightly lower morbidity rate in tuberculosis notifications has again been registered this year as compared with last year, although the actual number of cases shows a slight increase.

The basic object of all anti-tuberculosis measures should be the isolation of all open and infectious cases, but previous reports have repeatedly stressed the limited hospital accommodation in Cape Town for these sufferers.

The notifications of the non-pulmonary forms of the disease are not considered as an accurate recording of the true position, but nevertheless, the reduction in notifications of meningeal tuberculosis, which are fairly reliable, is most gratifying.

Far fewer persons died from tuberculosis during the year under review so that for the first time the mortality rate per 1,000 population fell to below unity. This gratifying position resulting from the widespread use of the antibiotics has nevertheless occasioned problems in that open reservoirs of infection continue to act as foci for the continued dissemination of the disease. With gross overcrowding continuing amongst the non-European section of the population, it is most surprising that such reservoirs of infection have not had more adverse repercussions on the incidence rates of this disease.

A fourth clinic was opened during the year in the Athlone area and has already proved most attractive to those patients residing in this area of the city.

The miniature mass X-ray unit stationed at Chapel Street was responsible for taking 61,027 miniature films, of which, 0·89 per cent were found to indicate the presence of active tuberculosis.

City Infectious Diseases Hospitals.

There was an increase of 6·1 per cent in the number of patients admitted to the City Hospitals, and the total number of bed-days increased by 1·3 per cent.

During the year, 2,628 patients were treated at the City Hospital, Portswood Road, with a daily average of 420. Fewer cases of scarlet fever were admitted, with a consequent drop in the number of day units compared with last year. Many more cases of diphtheria were admitted this year, and the number of day units was considerably higher. The number of cases of acute poliomyolitis and average length of stay were also reduced considerably. The increase in the total day units for tho year would appear to be accounted for by the increased accommodation of cases of tuberculosis, pulmonary and meningeal, whooping cough and measles. In the tuberculosis group, it is interesting to note that the average length of stay of meningeal cases increased from 118 to 159 days.

At the Brooklyn Chest Hospital, the number of patients treated was 590, and the average daily number was 285. Owing to a re-arrangement of certain wards, the accommodation was reduced by 5 beds. During the year, the occupational therapy workshop was closed, as the number of suitable patients in hospital did not justify the expenditure involved. Towards the end of the year, a start was made on the extensions to the non-European nurses' home, and the installation of an air-conditioning plant for the theatre block.

The general hospital at the Langa Native Township, which is administered by the department, admitted more patients and secured substantially increased numbers of out-patients during the year. A home-visiting service is also provided by the hospital staff.

Maternal and Child Welfare.

Attendances at the child welfare centres increased once again, and owing to an easing of the staff position, more visits by health visitors are recorded. It is very satisfactory to realize that new cases attending the child welfare centres represent 78 per cent of the registered live births. New cases at the pre-natal clinics amounted to less than half the number of registered births, and in this case the race proportion is interesting, i.e. 4 per cent European and 60 per cent non-European. According to notifications of births taking place within the Municipality, only 0·2 per cent were unattended by doctor or midwife.

Housing.

The housing position has improved slightly during the year in that 404 houses for non-Europeans were erected by the Local Authority at Bridgetown, Athlone. This is the first large scheme which has been instituted by the Municipality for several years, and will, it is hoped, lead to further schemes being undertaken for this racial group. The need for housing is so pressing that it must be recorded with gratitude that organizations like Servitas have seen fit to erect a total of 61 home-ownership units on our boundary at Grassy Park. Cafda also propose to enter the sub-economic housing field and hope to erect about 250 units within the next year at Retreat. The Municipality has, in addition, extended the Langa Native Township to the extent of 186 hostel units, each designed to accommodate 16 African bachelors, which will materially help in removing this group from slum-like areas such as Windermere and Blauwvlei (Retreat).

Pasteurization of Milk.

The second completed year of compulsory milk pasteurization has resulted in the removal of many of the initial difficulties which created some measure of dissatisfaction amongst the consuming public. As a result of the lessons learned and the steps taken by the department, the keeping quality of all Cape Town milk has been markedly improved, and it is confidently predicted that such improvement will not only continue but will be further enhanced.

Flood Relief.

Following the unusually early wet winter of 1954, the Cape Peninsula and surrounding areas experienced further heavy rains with strong northwesterly winds during July, resulting in extensive flooding of the Cape Flats and causing considerable distress to approximately 10,000 people living in pondoks or shacks in this area.

An appeal by the Mayor, Councillor A. F. Keen, to the public for contributions to a Relief Fund which he had opened, resulted in a most generous reponse, including £1,000 from the Municipality itself. Many religious bodies as well as the Red Cross Society, Cafda, and other charitable welfare organizations assisted in the distribution of food, blankets and warm clothing to those in need.

The Mayor's Relief Fund was administered by the Mayor on the recommendation of the department and much of the actual packing of parcels and the distribution of blankets and clothes was undertaken by the departmental staff.

By the end of July, the flood waters subsided and persons dehoused were once again in a position to return to their homes.

Staff.

Dr. E. P. Woodrow, Maternal and Child Welfare Officer, retired on the grounds of ill-health on 28th February, 1955, after 19 years service in the Department.

Acknowledgments.

I desire to acknowledge with gratitude the loyal support and ever ready assistance given me by all members of my staff and the kind consideration and much appreciated help afforded me at all times by the Chairman and members of your Health Committee and other members of the Council.

I am, Ladies and Gentlemen,

Your obedient servant,

EDMUND D. COOPER,

M.D., F.R.F.P.S. (G.), D.P.H. (Glas.). Professor of Public Hygiene, University of Cape Town. Medical Officer of Health.

CITY HEALTH DEPARTMENT,
Hertzog Boulevard,
CAPE TOWN.
June, 1956.

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MUNICIPALITY OF THE CITY OF CAPE TOWN.

LEADING STATISTICS, YEAR ENDED 30TH JUNE, 1955.

Area- 55,149 acres.	*European.*	*Non-European.*	*All races.*
Total population	191,057	300,767	491,824
Population (excluding the Native Township of Langa)	191,020	287,820	478,840
Birth rate	17·62	36·95	29·26
Death rate	9·15	11·52	10·60
Infant mortality rate	21·45	100·80	82·52
Maternal mortality rate	1·19	1·98	1·79
Tuberculosis death rate	0·17	1·21	0·80
Enteric incidence rate	0·06	0·26	0·18
Enteric death rate	—	0·02	0·01

All the above rates are annual and expressed as per 1,000 population of each class, except the infant mortality rate and maternal mortality rate, which are expressed as per 1,000 live births occurring during the year (corrected for outward transfers). The figures for the Langa Native Township are excluded from these rates.

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR ENDED 30TH JUNE, 1955.

SECTION 1.—NATURAL AND SOCIAL CONDITIONS.

PHYSICAL GEOGRAPHY.

Cape Town is situated at the northern end of the Cape Peninsula. The Peninsula lies off the west coast of the mainland of South Africa, extending from north to south a distance of about 33 miles and attaining a maximum width of about ten miles. Its average width east and west may be estimated at five miles. The northern half of its eastern side is connected with the mainland by a wide low-lying sandy isthmus, known as the Cape Flats, which separates Table Bay to the north-west from False Bay to the south-east. The narrowest part of the isthmus measures about twelve miles from sea to sea.

The backbone of the Peninsula is a mountain range which extends from Table Mountain (3,495 ft.) at its north end to Cape Point at the south. The land slopes from the mountains to the sea or, where the isthmus joins the Peninsula, to the Cape Flats. While much of the Peninsula area lies at heights of over 1,000 ft., most of the isthmus does not reach 100 ft., and a rise of sea level would convert the Peninsula into two islands nearly equal in area.

There are three principal formations functioning in the simple geological* structure of the Peninsula; viz., (1) the Table Mountain Sandstone Series, beneath which is found (2) the granite, intruding into (3) a series of dark-coloured fine-grained sediments called the Malmesbury Slate Series.

The Malmesbury Series is found at the northern end of the Peninsula and constitutes the mountain mass known as Signal Hill and Lion's Head (except the summits) and also Devil's Peak. It forms the foundation of Green and Sea Point, Cape Town proper, Woodstock and Salt River, and Mowbray. In some places the beds of clay resulting from the weathering of this rock extend to a depth of several yards, and they are used extensively for brick-making.

The Table Mountain Series constitutes the higher part of Table Mountain, and almost the whole southern two-thirds of the Peninsula, where its lowest beds descend below sea level.

The granite forms the basement of nine-tenths of the Peninsula area. It constitutes the lower slopes of Table Mountain south of Sea Point on the western side and south of Rondebosch on the eastern side.

Resting on the lower slopes of the mountains is a talus apron consisting of a mixture of sand, clay and boulders.

From the bottom of the slope below the face of Table Mountain there extends down to Table Bay a bed of alluvial deposits, on which a good deal of old Cape Town is built. At the shore of the Bay there is a considerable area of land that has been reclaimed from the sea by the deposit of town refuse.

The Cape Flats are covered with a layer of sand varying in depth and containing in places a few feet beneath the surface a layer of ferruginous rock sometimes called "Cape laterite" and known locally as "ironstone gravel". The laterite consists of limonitic matrix which encloses sand, clay and rock fragments. It varies in thickness from a few inches up to say ten feet and generally rests on a few feet of sandy clay, which in turn lies upon the underlying hard rock, which may be either granite or slate.

The greater part of the Municipality is built upon the Malmesbury slate or granite, the sandy Cape Flats, and alluvial deposits. On the coast of False Bay the town from Muizenberg to Kalk Bay is built on the Table Mountain sandstone or on the talus and sand dunes covering the sandstone slopes.

The City of Cape Town consists of a central portion, which before the City extension of 1913 constituted the whole Municipality and is sometimes known as Cape Town proper or central Cape Town (Wards 2–6), and a chain of suburbs on either hand. The central portion lies in the amphitheatre which, extending down to Table Bay towards the north-east, is backed on the other sides by the precipitous face of Table Mountain and its outlying masses, Devil's Peak on the east and Lion's Head and Signal Hill on the west. It therefore lies between the mountain and the sea, and, unlike the centre of most cities, is not surrounded by its suburbs.

The suburbs extend beyond this amphitheatre on either hand. To the west, the marine suburbs, known as Green Point, Sea Point, Clifton, Camps Bay and Bakoven (Ward 1 and part of Wards 2 and 3) lie along the Atlantic sea board for a distance of about six miles curving with the coast in a southerly direction. They are on the seaward slopes of Signal Hill and Lion's Head.

To the east the "Southern Suburbs" (Wards 7–9 and 11–15) extend around Devil's Peak and are stretched for about sixteen miles along the road and suburban railway line which after rounding Devil's Peak pass along the eastern side of Table Mountain in a southerly direction to the shore of False Bay. Woodstock and Salt River (Wards 6 and 7) next to Cape Town proper, slope down to Table Bay, and at the other end Muizenberg, St. James and Kalk Bay (Ward 15) lie on the False Bay coast. The string of suburbs between, known successively as Observatory, Mowbray, Rosebank, Rondebosch, Newlands, Claremont, Kenilworth, Wynberg, Plumstead, Diep River, Heathfield, Retreat and Lakeside, lie on the eastern slopes of the mountain range, and, to a greater extent, on the Cape Flats below them. The Municipality extends over the Flats to a varying depth up to 4½ miles, and the parts on the Flats contain a number of scattered townships and estates, some of which are served by the Cape Flats railway, which forms a loop lying in a more easterly position than the suburban line.

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*The geological particulars in this section are taken from "Chapman's Peak" Guide Book of International Geological Congress, XV Session, South Africa, 1929, by Andrew Young, D.Sc.

There is an extension of the Municipality beyond Salt River in a north-easterly direction on the Flats bordering Table Bay. This (Ward 8) includes the suburbs of Maitland, Brooklyn, Rugby, Kensington and Windermere which, together with other townships lying outside the municipal area of the city and following the main road to the north, are known as the "Northern Suburbs".

AREA.

The area of the Municipality of Cape Town on 30th June, 1955, amounted to approximately 55,149 acres or 86·17 square miles. The length of the main road passing through the Municipality from the boundary at Bakoven to that of Clovelly is about 26 miles.

CLIMATE.

Cape Town is situated Lat. 33° 56′ S., Long. 18° 30′ E. Its climate is largely determined by the fact that during the summer season the prevailing winds are south-easterly and in the winter season north-westerly; and that the western shore of the Cape Peninsula is washed by a cold current from the Antarctic.

There is an average of nearly three thousand hours of bright sunshine per year, and the temperature is very equable. The rainy season is in the winter, but occasional showers occur in the summer also.

The parts of the Municipality on the two seaboards are much frequented by holiday-makers from other parts of the country. To the attractions of the climate are added the great natural beauties of the Peninsula and its neighbourhood.

The meteorological readings taken by the City Health Department at the City Hospital, Portswood Road, for the year under review and for previous years will be found in Tables W to Y on pages 110 to 112.

From the point of view of public health Cape Town belongs definitely to the temperate zone, and tropical diseases, except in imported cases, are entirely absent. The state of health and the mortality statistics of the European part of the population are much the same as in a healthy European town.

SOCIAL AND ECONOMIC CONDITIONS.

Thirty-nine per cent of the total population of the Municipality of Cape Town (including Langa Native Township) of over 490,000 consists of Whites or "Europeans". The other 61 per cent is commonly designated as "non-Europeans", 81 per cent of these non-Europeans are of the mixed race known as Cape Coloured, and the remainder consists of Natives and Indians.

The Cape Coloured are largely the descendants of the slaves of earlier days, whose emancipation was completed in 1835. Their ancestors of the eighteenth century and earlier were mainly Europeans, Hottentots, blacks from Mozambique, Madagascar and other parts of Africa, and East Indians from the Dutch East Indies. In more recent years they have received additions from European, Bantu and other stocks.

There is one section of the Cape Coloured, Moslem in religion, known as "Malays", who are more immediately descended from the Dutch East Indians. Though they possess a larger infusion of this strain, they are much mixed with the other elements present in the Cape Coloured generally.

The social and economic conditions of the Cape Coloured are on the whole unsatisfactory. A part of them have skilled trades and earn good wages but the majority are unskilled labourers and many of the men earn less than 70s. a week when in full work. The position is aggravated by the large size of the families, but the family income is eked out when possible by earnings brought in by the wife and children. The measures taken for the prevention and relief of distress are inadequate, and there is no compulsory insurance against sickness. There is much undernourishment, and housing accommodation is expensive and bad. The social and cultural level is low. The principle of compulsory education does not apply to non-Europeans, and, though there are some good Coloured schools, the general level of schooling is low, and there is a lack of discipline in adolescents and a serious problem caused by Coloured delinquency. The illegitimacy rate is high and venereal disease is rife. The social contrast between the Europeans and Cape Coloured can be expressed by the statement that whereas in the whites it is only a small minority that belong to the depressed classes, in the Coloured it is the majority. The same contrast is seen in housing conditions; it is a small minority of Europeans who live in slum conditions, but a majority of the Coloured.

The Natives constitute only 16 per cent of the non-Europeans. They live in the Council's Native township, or as ordinary non-European residents in the city (where they are mostly slum dwellers), or in unsanitary shacks on the Cape Flats, or on their employer's premises. The segregation prescribed by the Natives (Urban Areas) Act is by no means completely enforced, for the reason that the houses in the township are too few to accommodate the population to be housed. Many of the Natives are men from the Native territories who still retain their link with the territories and commonly return there eventually; but there is an increasing population of detribalized Natives who are permanently resident in Cape Town and live here with their families. Their social and economic conditions are on the whole worse than those of the Coloured people.

The Indians are 7,000 in number. They are nearly all traders, and they are better off than the Cape Coloured. Some of them are making good progress in business and becoming well-to-do.

There are parts of the city where the inhabitants are mainly non-European, and other parts that are exclusively occupied by Europeans and their non-European servants. The various sections of the community, however, are to a great extent intermingled, and there is nothing approaching complete segregation of the races. The geographical disposition of white and Coloured is very much the same as that of well-to-do and poor in a European town. In the operations under the Housing Act the estates for Europeans are separate from those for non-Europeans, and this will contribute to progressive residential separation. The provision of a Native township has the same effect.

Striking contrasts are presented by the vital statistics of the different races, which will be found in the next section of this report.

SECTION II.—VITAL STATISTICS.

The vital statistics in this report refer to the Municipality of Cape Town and are for the period 52 weeks ended 1st July, 1955. The vital statistical rates are corrected to the basis of a year of 365 days. Births and deaths are attributed to the date of registration.

Unless the contrary is stated all statistics in this report are exclusive of the Langa Native Township, which has a rapidly changing population.

The births and deaths statistics are stated variously as:—

(1) "Crude or uncorrected", including all births and deaths registered during the year as having occurred in the Municipality of Cape Town.

(2) "Corrected for outward transfers", which is the foregoing (1) after the deduction of deaths in Cape Town of persons who were not Cape Town residents, and births in Cape Town to mothers who were not Cape Town residents.

Information as to outward transfers is available locally, for both European and non-European, but in regard to inward transfers the information is supplied by the Director of Census and Statistics, Pretoria, and is available in respect of Europeans only. In Table M on page 100 of this report, a record of European vital statistical rates, corrected for inward and outward transfers, is set out for a series of past years.

POPULATION.

The estimated population for the Municipality of Cape Town (excluding Langa Native Township), for the year under report and for the previous year are shown in the following table. It is calculated for the middle of the year (31st December) from the final figures of the 1951 and 1946 census.

Race.	1954–55			1953–54		
	Males.	Females.	Persons.	Males.	Females.	Persons.
European	90,848	100,172	191,020	90,273	99,537	189,810
Coloured	114,121	130,389	244,510	109,104	124,656	233,760
Native (not Langa) ..	22,766	13,224	35,990	21,375	12,415	33,790
Asiatic	4,359	2,961	7,320	4,269	2,901	7,170
Non-European	141,246	146,574	287,820	134,748	139,972	274,720
All Races	232,094	246,746	478,840	225,021	239,509	464,530

The rates for the Municipality of Cape Town for the year under review are based on the above figures.

The estimated population in the various wards of the city for the 31st December, 1954 (exclusive of shipping, railway passengers and Langa Native Township) together with the vital statistics, will be found in Table J, on page 97.

The following are the estimated population figures of the Langa Native Township, based on the annual average of an enumeration made at the end of each month.

European.		*Natives.*		*All Races.*		
Males.	*Females.*	*Males.*	*Females.*	*Males.*	*Females.*	TOTAL.
18	19	9,565	3,382	9,583	3,401	12,984

BIRTH STATISTICS.

The births and birth rates for the Municipality of Cape Town in the year under review are shown in Table K, on page 98.

The births, birth rates, and rates of natural increase for 1,000 population for the year 1954-55, and for the previous year were as follows:—

Race.	1954–55					1953–54				
	Uncorrected.		Corrected for Outward Transfers.			Uncorrected.		Corrected for Outward Transfers.		
	Live births.	Birth rate.	Live births.	Birth rate.	Rate of natural increase.	Live births.	Birth rate.	Live births.	Birth rate.	Rate of natural increase.
European ..	4,670	24·51	3,356	17·62	8·47	4,659	24·61	3,450	18·23	8·86
Coloured ..	10,240	41·99	9,118	37·39	26·25	10,015	42·96	8,872	33·06	26·21
Native ..	1,607	44·77	1,140	31·76	17·24	1,649	48·94	1,126	33·42	17·60
Asiatic ..	354	48·49	347	47·53	37·80	378	52·86	375	52·44	43·91
Non-European	12,201	42·51	10,605	36·95	25·43	12,042	43·95	10,373	37·86	25·61
All races* ..	16,883	35·35	13,973	29·26	18·66	16,711	36·07	13,833	29·86	18·77

*Including 12 in 1954-55 and 10 in 1953-54 of newly-born infants of unknown race, found dead in different parts of the city during the year.

It will be seen from previous table that the non-European birth rate for the year 1954-55 (corrected for outward transfers) was 2·1 times as great as that for Europeans. The ratio was 2·1 for Coloured, 1·8 for Natives and 2·7 for Asiatics.

The European birth rate was 3·4 per cent less than last year and is the lowest since 1936-37, while the non-European birth rate continued its decline with a further decrease of 2·4 per cent.

The natural increase of the non-European population (i.e. excess of births over deaths) was 4·5 times as great as that for the European population; expressed as per 1,000 population it was 3·0 times as great. The natural increase rate per 1,000 population for the last 10 years averaged 9·57 for Europeans and 25·73 for non-Europeans.

The number of male births per 100 female births (corrected for outward transfers) was 101·9 amongst Europeans, and 101·6 amongst non-Europeans (102·6 Coloured, 100·4 Native and 121·0 Asiatic).

For the year under review there were 89 European and 2,509 non-European illegitimate births registered (corrected for outward transfers) as compared with 124 European and 2,547 non-European in the previous year. The percentage of illegitimate to total live births was 2·7 amongst Europeans and 23·7 amongst non-Europeans. The corresponding figures for former years will be found in Table M on page 100. Illegitimacy amongst non-Europeans remained high and was pre-eminent in this respect in Wards 5, 6, 8, 10 and 15, where it was associated with a comparatively high birth rate and infant mortality rate. The highest percentage of illegitimate births amongst Europeans was in Ward 9 (8·2) where there is a small hostel for unmarried mothers. The lowest percentage was 0·5 in Ward 1.

In the case of 217 twin births which occured during the year, the details are as follows:—

Race.	No. of births.	Children.		
		Both males.	Both females.	Mixed.
European	68	29	18	21
Non-European	149	45	55	49
Total	217	74	73	70

In addition, there were 6 instances of triplets, all non-European.

The number of live births and still-births registered in the year 1954-55 as having taken place at home and the percentage of total births delivered in institutions within the Municipality are shown in the following table.

Race.	Live births.				Still births.			
	Un-corrected.	Corrected for Outward Transfers.			Un-corrected.	Corrected for Outward Transfers.		
	Percentage of total births delivered in institutions.	Births.	Home deliveries.	Percentage of total births delivered in institutions.	Percentage of total births delivered in institutions.	Births.	Home deliveries.	Percentage of total births delivered in institutions.
European ..	86·15	3,356	632	81·17	84·04	62	15	75·81
Coloured ..	41·22	9,118	5,987	34·34	62·35	243	125	48·56
Native ..	97·64	1,140	32	97·19	68·69	79	31	60·76
Asiatic ..	10·17	347	315	9·22	31·25	16	11	31·25
Non-European	47·75	10,605	6,334	40·27	62·64	338	167	50·59
All races ..	58·34	13,973*	6,978*	50·06	66·36	400	182	54·50

*Including 12 of unknown race.

Table G, on page 94 will show the registered births and still-births for the year under review, classified in wards as to race, sex, legitimacy and the percentage of total births occurring in institutions.

Statistics based on births notified will be found in Table H, on page 95.

In Table I, on page 96, is shown the number of births which took place in the various insitutions in the Municipality of Cape Town during the year 1954-55.

The variation in the birth rate, both for European and non-European, and the distribution of the births in the various wards of the city for the year 1954-55, are indicated in Table J, on page 97.

The annual birth rate (corrected for outward transfers) since Unification (1913) is set out in years and quinquennia in Table M, on page 100. In the same table the European birth rate corrected for inward and outward transfers is also set out for a series of past years.

In Table N, on page 101, the birth rates of certain other towns in the Union of South Africa and for England and Wales are set out for the purpose of comparison.

Births registered as belonging to Langa Native Township are excluded from the foregoing figures. Particulars regarding these will be found in Table T, on page 107.

Reference to Table V, on page 109, will show the births and birth rates for the district of Windermere.

BIRTH RATES (1950-51—1954-55).

The following table shows the variation in the number of births and birth rates per 1,000 population for the Municipality of Cape Town over a period of five years.

The rates are corrected in accordance with the population figures of the censuses of 1946 and 1951.

Race.	1954–55		1953–54		1952–53		1951–52		1950–51	
	Live births.	Birth rate.	Live births.	Birth rate.	Live births.	Birth rate.	Live births.	Birth rate.	Live births.	Birth rate.
European ..	3,356	17·62	3,450	18·23	3,522	18·37	3,405	18·27	3,346	18·02
Coloured ..	9,118	37·39	8,872	38·06	9,064	39·90	8,818	41·50	8,616	42·29
Native ..	1,140	31·76	1,126	33·42	1,135	35·19	1,009	34·06	936	33·56
Asiatic ..	347	47·53	375	52·44	309	43·24	365	53·34	314	46·72
Non-European	10,605	36·95	10,373	37·86	10,508	39·42	10,192	40·94	9,866	41·40
All races* ..	13,973[1]	29·26	13,831[2]	29·86	14,031[3]	30·62	13,603[4]	31·25	13,215[5]	31·16

*Including [1] 12, [2] 10, [3] 1, [4] 6, [5] 3 of unknown race.

GENERAL MORTALITY.

The deaths and death rates for the Municipality of Cape Town for the year 1954-55, are shown in Table K, on page 98.

The following table shows the relationship of deaths and death rates for the year 1954-55 and for the previous year.

Race.	1954–55				1953–54			
	Uncorrected.		Corrected for Outward Transfers.		Uncorrected.		Corrected for Outward Transfers..	
	Deaths.	Death rate.	Deaths.	Death rate.	Deaths.	Death rate.	Deaths.	Death rate.
European	2,221	11·66	1,743	9·15	2,251	11·89	1,773	9·37
Coloured	3,137	12·86	2,716	11·14	3,185	13·66	2,762	11·85
Native	661	18·42	521	14·52	665	19·73	533	15·82
Asiatic	75	10·27	71	9·73	66	9·23	61	8·53
Non-European ..	3,873	13·49	3,308	11·52	3,916	14·29	3,356	12·25
All races*	6,106[1]	12·79	5,063[1]	10·60	6,177[2]	13·33	5,139[2]	11·09

*Including [1] 12, [2] 10 of unknown race.

The death rates continue to decline with decreases of 4.4 per cent for all races, 2·4 per cent for Europeans, and 6·0 per cent for non-Europeans, and are the lowest recorded for the city.

Compared with the previous year, the European decrease occurred in the age-groups 0-2 years, 5-10 years, 15-35 years, 45-55 years, and 65-75 years, and in the death classification sections No. 1, infectious diseases, No. 2, neoplasms, No. 3, allergic, endocrinic, metabolic and nutritional diseases, No. 15, certain diseases of early infancy, and No. 16, senility and ill-defined causes. Among individual diseases, the decreases occurred chiefly in deaths from pulmonary tuberculosis, neoplasms of trachea, bronchus and lung, asthma, diabetes, injury at birth and immaturity.

Amongst non-Europeans, the decreases occured only in the age-group 10-55 years. In the death classification sections, the decreases occurred in No. 1, infectious diseases, No. 2, neoplasms, No. 3, allergic, endocrinic, metabolic and nutritional diseases, No. 10, diseases of the genito-urinary system, and No. 17, accidents and violence. As for individual diseases, the decreases occurred chiefly in the deaths from tuberculosis, pulmonary and meningeal, neoplasms of stomach, lung and bronchus, leukaemia, asthma, infections of kidney, and homicide.

The non-European death rate was 1·3 times as great as that for Europeans. The ratio was 1·2 for Coloured, 1·6 for Natives, and 1·1 for Asiatics.

Reference to Table J, on page 97 will show the deaths and the death rates for the year under review for the separate wards of the city.

Table M on page 100 the annual death rate (corrected for outward transfers) since Unification (1913) is set out in years and quinquennia. In the same table the European death rate, corrected for inward and outward transfers, is also set out for a series of past years.

For the purposes of comparison the death rates of certain other towns in the Union of South Africa and for England and Wales are set out in Table N on page 101.

Deaths registered as belonging to Langa Native Township are not included in the foregoing figures. Particulars regarding these will be found in Table T on page 107. and in Table U, on page 108.

Information regarding deaths for the district of Windermere will be found in Table A4 on page 86 and Table V on page 109.

PRINCIPAL CAUSES OF MORTALITY.

Amongst Europeans the mortality from cardiovascular diseases continues as the major cause of death. These together with the arterial diseases, are the only exceptions among the principal causes of death which do not show any diminution in number as compared with previous years.

A further increase this year of deaths from gastro-enteritis amongst the non-Europeans continues to be a serious problem. Deaths from tuberculosis which has headed the list for so many years, and was relegated to second place last year by gastro-enteritis, has now dropped to third place. Arterial diseases oust bronchitis and pneumonia from fourth place. The continued downward trend of tuberculosis as a cause of death is noteworthy. Further reference to the department's measures against this disease is described in detail in Section VI of this report.

The following table summarizes in accordance with the new International Classification List the ten principal causes of mortality in the Muncipality of Cape Town, and the corresponding death rate for each cause for Europeans and non-Europeans respectively.

Int. Code No.	European.			Int. Code No.	Non-European.		
	Cause of death.	Deaths	Death rate.		Cause of death.	Deaths	Death rate.
410–416 420–422 430–434 440–443	Cardiovascular diseases (including hypertension with heart disease) ..	568	2·98	571, 764	Diarrhoea and enteritis (including diarrhoea of the newborn)	705	2·46
140–205	Malignant neoplasms (including neoplasms of lymphatic and haematopoietic tissues) ..	296	1·55	410–416 420–422 430–434 440–443	Cardiovascular diseases (including hypertension with heart disease) ..	397	1·38
330–334 450–456	Arterial diseases (including vascular lesions affecting central nervous system)	283	1·49	001–019	Tuberculosis (all forms)	348	1·21
490–493 500–502 763	Bronchitis and pneumonia (including pneumonia of the newborn) ..	76	0·40	330–334 450–456	Arterial diseases (including vascular lesions affecting central nervous system)	289	1·01
E800–E999	Accidents, poisonings and violence (external cause) ..	70	0·37	490–493 500–502 763	Bronchitis and pneumonia (including pneumonia of the newborn)	281	0·98
444–447	Hypertensive disease without mention of heart ..	47	0·25	760–762 765–776	Certain diseases of early infancy (excluding pneumonia and diarrhoea of the newborn) ..	266	0·93
760–762 765–776	Certain diseases of early infancy (excluding pneumonia and diarrhoea of the newborn) ..	36	0·19	140–205	Malignant neoplasms (including neoplasms of lymphatic and haematopoietic tissues) ..	204	0·71
001–019	Tuberculosis (all forms)	32	0·17	E800–E999	Accidents, poisonings and violence (external cause) ..	163	0·57
260	Diabetes mellitus	28	0·15	444–447	Hypertensive disease without mention of heart ..	96	0·33
590–594	Nephritis and nephrosis ..	25	0·13	590–594	Nephritis and nephrosis ..	47	0·16

Further details of the deaths for the year 1954–55 will be found classified for cause, race, sex and age in Table A1–A4, on pages 76 to 87. A shorter classification by cause and race is set out in Table B, on page 88, and in Table D, on pages 90 and 91, the rates of mortality of a short list of causes are shown by race with the corresponding figures for the previous ten years.

The contrast between the races is largely due to two factors, viz. (1) the prominence in non-Europeans of deaths from causes associated with bad social and economic conditions; and (2) the difference in the age constitution of the two populations. Thus tuberculosis, diarrhoea and enteritis, bronchitis and pneumonia, which are fostered by bad living conditions, result in a greater mortality in the non-European groups. As regards the age factor, bronchitis and pneumonia, diarrhoea and enteritis, measles, whooping cough and the conditions in the "congenital" category, chiefly affect young children; and the large corresponding death rates in non-Europeans are in part due to the mere fact that there is a greater proportion of young children in the non-European population than in the European. (The figures for infant mortality in Table L, on page 99, afford a comparison between the races free from the distortion caused by difference in age constitution.) Similarly cancer, circulatory diseases and diabetes occur especially in middle and old age, and the prominence of the mortality rates from these diseases in Europeans is mainly due to the larger proportion of people of such age in the European population. In other words a larger proportion of non-Europeans die before reaching the age when they are most liable to develop such diseases (see table, Age at Death, page 17).

SEASONAL VARIATION.

The seasonal variation in mortality is shown in Table C, on page 89, where the deaths for the year 1954-55, classified for certain causes and by race, are set out according to the months of registration.

AGE AT DEATH.

The number of deaths at various ages, with the percentage of total deaths, is summarized in the following tables:—

	Race.	Age groups.											
		0—1		1—5		5—25		25—65		65 and over.		Total.	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Deaths	European ..	48	24	6	10	20	9	351	219	549	507	974	769
	Coloured ..	425	377	193	218	85	68	462	367	217	304	1382	1334
	Native ..	133	115	48	33	24	8	106	27	19	8	330	191
	Asiatic ..	8	11	4	3	1	1	18	6	19	—	50	21
	Non-European	566	503	245	254	110	77	586	400	255	312	1762	1546
	All races ..	614	527	251	264	130	86	937	619	804	819	2736	2315
Percentage	European ..	4·9	3·1	0·6	1·3	2·1	1·2	36·0	28·5	56·4	65·9	100·0	100·0
	Coloured ..	30·8	28·3	14·0	16·3	6·1	5·1	33·4	27·5	15·7	22·8	100·0	100·0
	Native ..	40·3	60·2	14·5	17·3	7·3	4·2	32·1	14·1	5·8	4·2	100·0	100·0
	Asiatic ..	16·0	52·4	8·0	14·3	2·0	4·7	36·0	28·5	38·0	—	100·0	100·0
	Non-European	32·1	32·5	13·9	16·4	6·2	5·0	33·3	25·9	14·5	20·2	100·0	100·0
	All races ..	22·4	22·8	9·2	11·4	4·8	3·7	34·2	26·7	29·4	35·4	100·0	100·0

In so far as the death rates in age groups are concerned it will be seen from the above figures that the deaths under five years of age constitute 5·0 per cent of all deaths in Europeans, as compared with 47·4 per cent in non-Europeans, (Coloured 44·7, Native 63·1, Asiatic 36·6), and that the deaths under 25 years of age constitute 6·7 per cent of all deaths in Europeans, as compared with 53·1 per cent in non-Europeans, (Coloured 50·3, Native 69·3, Asiatic 39·4).

SEX.

The deaths and death rates per 1,000 population during the year under review are shown in the accompanying table according to sex.

Race.	Uncorrected.				Corrected for Outward Transfers.			
	Deaths.		Death rate.		Deaths.		Death rate.	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.
European	1,278	943	14·11	9·44	974	769	10·75	7·70
Coloured	1,622	1,515	14·25	11·65	1,382	1,334	12·14	10·26
Native	410	251	18·06	19·03	330	191	14·54	14·48
Asiatic	53	22	12·19	7·45	50	21	11·50	7·11
Non-European ..	2,085	1,788	14·80	12·23	1,762	1,546	12·51	10·58
All races	3,363	2,731	14·53	11·10	2,736	2,315	11·82	9·41

The death rates of the sexes as shown in above table reveals that in Europeans the rate for males (corrected for outward transfers), was 39·6 per cent greater than that for females, and in non-Europeans the death rate for males was 18·2 per cent greater than that for females (Coloured 18·3, Native 0·4, Asiatic 61·7).

DEATHS IN INSTITUTIONS.

In Table F, on page 93, is shown the number of deaths which took place in the various institutions. The number of deaths in the Municipality of Cape Town, and the percentage of total deaths occurring in institutions for the year under review, are indicated in the following table:—

Race.	Uncorrected.		Corrected for Outward Transfers.	
	Total deaths.	Percentage of total deaths occurring in institutions.	Total deaths.	Percentage of total deaths occurring in institutions.
European	2,221	55·6	1,743	46·0
Coloured	3,137	33·8	2,716	24·3
Native	661	43·0	521	30·5
Asiatic	75	17·3	71	14·1
Non-European	3,873	35·0	3,308	25·1
All races	6,106*	42·4	5,063*	32·2

*Including 12 of unknown race.

DEATH RATES (1950-51—1954-55).

The following table shows the variation in the number of deaths and death rates per 1,000 population (corrected for outward transfers) for the Municipality of Cape Town over a period of five years. The rates are corrected in accordance with the population figures of the censuses of 1946 and 1951.

Race.	1954–55.		1953–54.		1952–53.		1951–52.		1950–51.	
	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate	Deaths	Death Rate
European . .	1,743	9·15	1,773	9·37	1,789	9·33	1,842	9·88	1,774	9·55
Coloured . .	2,716	11·14	2,762	11·85	2,891	12·72	3,045	14·33	2,919	14·33
Native . .	521	14·52	533	15·82	548	17·00	628	21·20	578	20·72
Asiatic . .	71	9·73	61	8·53	58	8·12	59	8·62	71	10·56
Non-European	3,308	11·52	3,356	12·25	3,497	13·12	3,732	14·99	3,568	14·97
All races* . .	5,063[1]	10·60	5,139[2]	11·09	5,288[3]	11·54	5,583[4]	12·82	5,345[5]	12·60

*Including [1] 12, [2] 10, [3] 2, [4] 9, [5] 3 of unknown race.

INFANT MORTALITY.

The deaths of infants under one year of age for the Municipality of Cape Town in the year 1954-55 and the corresponding rates are shown in Table K on page 98.

A comparative view of the deaths of infants under one year of age and the corresponding rates expressed per 1,000 live births for the year 1954-55 and for the previous year are shown in tho following table:—

Race.	1954–55				1953–54			
	Uncorrected.		Corrected for Outward Transfers.		Uncorrected.		Corrected for Outward Transfers.	
	Deaths under 1 year	Infant mortality rate.	Deaths under 1 year.	Infant mortality rate.	Deaths under 1 year.	Infant mortality rate.	Deaths under 1 year.	Infant mortality rate.
European	129	27·62	72	21·45	172	36·92	105	30·43
Coloured	941	91·89	802	87·96	936	93·46	783	88·26
Native	318	197·88	248	217·54	290	175·86	237	210·48
Asiatic	19	53·67	19	54·76	23	60·85	23	61·33
Non-European . .	1,278	104·75	1,069	100·80	1,249	103·72	1,043	100·55
All races*	1,419[1]	84·05	1,153[1]	82·52	1,431[2]	85·63	1,158[2]	83·71

*Including [1] 12, [2] 10 of unknown race.

The European infant mortality rate of 21·45 for the year 1954-55 shows a decrease of 29·5 per cent compared with the previous year, that is, still slightly higher than that for 1952-53 when it was the lowest on record. There was a reduction in the number of infant deaths from pneumonia (all forms), injury at birth and immaturity.

The non-European infant mortality rate, with an increase of 0·2 per cent, was slightly in excess of last year, which had proved to be the lowest on record. Increased infant deaths occurred from pneumonia (all forms) and diarrhoea and enteritis.

The non-European infant mortality rate (corrected for outward transfers) was 4·7 times as great as that for Europeans. The ratio was 4·1 Coloured, 10·1 Native, and 2·6 Asiatic.

The causes of infant mortality both for children under one year of age and children between one year and two years of age are set out in Table L on page 99. Mention must again be made of the exceedingly high mortality rate of 45·36 per 1,000 live births from diarrhoea and enteritis amongst non-Europeans. On page 92 the deaths of infants under one year of age for the year are classified by race according to age at death, and cause of death.

The annual infant mortality rate (corrected for outward transfers) since Unification (1913) is set out in years and quinquennia in Table M on page 100. In the same Table the European infant mortality rate, (corrected for inward and outward transfers), is also set out for a series of past years.

In the year under review 52·8 per cent of the total deaths amongst European infants occurred in the first week of life and 68·1 per cent in the first month (4 weeks). Amongst non-European infants the percentages were 22·6 for the first week and 29·7 in the first month.

The neo-natal (under 4 weeks) and post neo-natal (over 4 weeks but under one year) mortality rates for 1,000 live births for the year under review are shown in the accompanying table, classified for certain causes by race.

Cause of death.	Neo-natal mortality rate.		Post neo-natal mortality rate.		Infant mortality rate.	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
Whooping cough	—	—	—	0·75	—	0·75
Scarlet fever	—	—	—	—	—	—
Measles	—	—	—	0·66	—	0·66
Diphtheria	—	—	—	0·19	—	0·19
Tuberculosis (all forms)	—	—	0·30	3·30	0·30	3·30
Syphilis	—	0·28	—	—	—	0·28
Bronchitis and pneumonia	0·60	2·45	0·89	13·01	1·49	15·46
Diarrhoea and enteritis	0·30	1·32	1·49	44·04	1·79	45·36
Immaturity	4·47	12·54	—	0·85	4·47	13·39
Injury at birth	2·08	5·57	—	0·09	2·08	5·66
Congenital malformations	2·68	1·32	2·68	1·60	5·36	2·92
Other diseases of early infancy	4·17	5·47	—	0·57	4·17	6·04
Other and ill-defined or unknown causes	0·30	1·04	1·49	5·75	1·79	6·79
Total ..	14·60	29·99	6·85	70·81	21·45	100·80

Compared with the corresponding rates for last year, the European neo-natal death rate decreased by 28·1 per cent, and the non-European neo-natal death rate decreased by 4·0 per cent. The decrease in the European neo-natal death rate was the result of fewer deaths from immaturity and injury at birth during the period under review. Among non-Europeans the decrease in the neo-natal death rate was not due to any particular cause. The post neo-natal rate decreased by 32·5 per cent for Europeans and increased by 2·2 per cent for non-Europeans.

The following table shows the number of neo-natal (under 4 weeks) and post neo-natal (over 4 weeks) deaths for the various races in the municipality of Cape Town and the corresponding mortality rate per 1,000 live births for the year under review.

Race.	Neo-natal.		Post neo-natal.		Infant Mortality.	
	Deaths.	Mortality rate.	Deaths.	Mortality rate.	Deaths.	Mortality rate.
European	49	14·60	23	6·85	72	21·45
Coloured	260	28·52	542	59·44	802	87·96
Native	50	43·86	198	173·68	248	217·54
Asiatic	8	23·06	11	31·70	19	54·76
Non-European	318	29·99	751	70·81	1,069	100·80
All races	379*	27·13	774	55·39	1,153*	82·52

*Including 12 of unknown race.

The next table shows the variation in the neo-natal (under 4 weeks) and post neo-natal (over 4 weeks) mortality rates for both Europeans and non-Europeans over a period of five years (corrected for outward transfers).

Period.	European.		Non-European.	
	Neo-natal.	Post neo-natal.	Neo-natal.	Post neo-natal.
Year ended 30th June, 1951	16·14	7·77	30·61	73·59
,, ,, ,, 1952	19·68	9·10	32·67	73·59
,, ,, ,, 1953	14·48	6·81	32·92	68·43
,, ,, ,, 1954	20·29	10·14	31·23	69·31
,, ,, ,, 1955	14·60	6·85	29·99	70·81
Quinquennium(1951–1955)	17·04	8·14	31·49	71·10

The infant mortality in respect of legitimate and illegitimate infants amongst the various races in the Municipality of Cape Town for the year 1954-55 shown in the following table:—

	European.	Coloured.	Native	Asiatic	All non-Eur.	All races.
Number of legitimate births	3,276	7,026	725	345	8,096	11,363
Number of legitimate deaths under one year of age ..	68	532	145	18	695	763
Infant mortality (legitimate) per 1,000 live births ..	18·75	75·72	200·00	52·17	85·84	67·15
Number of illegitimate births	89	2,092	415	2	2,509	2,610*
Number of illegitimate deaths under one year of age	4	234	50	—	284	300*
Infant mortality (illegitimate) per 1,000 live births	44·94	111·85	120·48	—	113·19	114·94

*Including 12 of unknown race.

The deaths of 90 infants under one year of age (39 Coloured, 50 Natives, 1 Asiatic) are excluded from the above figures as information regarding legitimacy was unobtainable.

In Table J, on page 97, the infant mortality by race will be found classified according to place of residence (wards).

The deaths of infants in the Langa Native Township are not included in the foregoing figures. Particulars regarding these will be found in Table T, on page 107 and Table U, on page 108.

In Table V, on page 109, will be found the infant mortality rate for the district of Windermere.

Infant mortality rates for certain other towns in the Union of South Africa and for England and Wales are set out in Table N, on page 101 for the purposes of comparison.

INFANT MORTALITY (1950–51—1954–55).

The number of deaths of infants under one year of age for the Municipality of Cape Town and the infant mortality rates per 1,000 live births for the past five years are indicated in the following table (corrected for outward transfers).

Race.	1954–55		1953–54		1952–53		1951–52		1950–51	
	Deaths under 1 year.	Infant mortality rate.	Deaths under 1 year.	Infant mortality rate.	Deaths under 1 year.	Infant mortality rate.	Deaths under 1 year.	Infant mortality rate.	Deaths under 1 year.	Infant mortality rate.
European ..	72	21·45	105	30·43	75	21·29	98	28·78	80	23·91
Coloured ..	802	87·96	783	88·26	818	90·25	805	91·29	787	91·34
Native ..	248	217·54	237	210·48	236	207·92	260	257·68	223	238·25
Asiatic ..	19	54·76	23	61·33	11	35·60	18	49·32	18	57·32
Non-European	1,069	100·80	1,043	100·55	1,065	101·35	1,083	106·26	1,028	104·20
All races* ..	1,153[1]	82·52	1,158[2]	83·71	1,141[3]	81·32	1,187[4]	87·26	1,111[5]	84·07

*Including [1] 12, [2] 10, [3] 1, [4] 6, [5] 3, of unknown race.

MATERNAL MORTALITY.

The following table shows the number of deaths which occurred during the year 1954-55 from causes ascribed to pregnancy and child-bearing including abortion, classified for causes and race, and the corresponding maternal mortality rate per 1,000 live births (corrected for outward transfers).

Int. Code No.	Cause of death.	Deaths.			Maternal mortality rates per 1,000 live births.		
		Eur.	Non-E.	All races.	Eur.	Non.-E.	All races.
640, 641, 651, 681–682, 684	Puerperal septicaemia (including abortion with sepsis) ..	1	2	3	0·30	0·19	0·21
642, 652, 685–686	Toxaemia of pregnancy and the puerperium	1	7	8	0·30	0·66	0·57
643–644 670–672	Haemorrhage of pregnancy and childbirth	2	4	6	0·60	0·38	0·43
650	Abortion without mention of sepsis or toxaemia	—	8	8	—	0·75	0·57
645–649 673–680 683 687–689	Other complications of pregnancy, childbirth and the puerperium	—	—	—	—	—	—
	All causes (except puerperal septicaemia)	3	19	22	0·89	1·79	1·57
	Total ..	4	21	25	1·19	1·98	1·79

In the next table the annual maternal mortality rates per 1,000 live births for the Municipality are shown for a series of years.

	Puerperal septicaemia.			Other causes.			All causes.		
	Eur.	Non.-E.	All races.	Eur.	Non-E.	All races.	Eur.	Non-E.	All races.
1914–15 to 1918–19	0·59	1·30	1·02	2·13	3·55	2·98	2·72	4·85	4·00
1919–20 to 1923–24	1·76	1·20	1·40	2·84	2·16	2·41	4·60	3·36	3·81
1924–25 to 1928–29	1·03	1·71	1·48	1·74	3·73	3·07	2·77	5·43	4·56
1929–30 to 1933–34	0·94	1·27	1·17	3·04	3·12	3·10	3·98	4·40	4·27
1934–35 to 1938–39	0·96	1·39	1·26	2·43	3·30	3·05	3·38	4·49	4·32
1939–40 to 1943–44	0·85	1·79	1·49	1·09	2·50	2·06	1·93	4·29	3·55
1944–45 to 1948–49	0·14	0·52	0·41	0·79	1·70	1·47	0·93	2·22	1·88
1949–50 to 1953–54	0·12	0·36	0·29	0·46	1·16	0·99	0·58	1·52	1·28
1940–41	1·00	1·80	1·57	1·00	1·94	1·67	2·00	3·74	3·24
1941–42	1·23	1·43	1·37	1·55	2·58	2·24	2·78	4·01	3·61
1942–43	0·29	1·58	1·15	0·58	3·72	2·68	0·87	5·30	3·83
1943–44	1·04	2·11	1·77	1·30	2·61	2·19	2·34	4·72	3·95
1944–45	—	0·49	0·34	0·56	2·20	1·70	0·56	2·69	2·04
1945–46	0·28	0·96	0·76	1·71	1·68	1·69	1·99	2·64	2·45
1946–47	—	0·44	0·31	0·25	1·22	0·92	0·25	1·66	1·23
1947–48	—	0·78	0·55	1·04	1·23	1·17	1·04	2·10	1·72
1948–49	0·54	—	0·15	1·07	2·08	1·80	1·61	2·19	2·03
1949–50	—	0·10	0·08	0·29	1·02	0·83	0·29	1·12	0·91
1950–51	0·30	0·30	0·30	—	1·32	0·98	0·30	1·62	1·28
1951–52	—	0·49	0·36	0·59	0·88	0·81	0·59	1·37	1·17
1952–53	—	0·19	0·14	0·56	1·42	1·21	0·56	1·61	1·35
1953–54	0·29	0·68	0·58	0·87	1·15	1·08	1·16	1·83	1·66
1954–55	0·30	0·19	0·21	0·89	1·79	1·57	1·19	1·98	1·79

The maternal mortality rate (per 1,000 births) based on the total deliveries, (live births and still births) registered during the year 1954-55 and in the previous years were as follows:—

	Puerperal septicaemia.			Other causes.			All causes.		
	Eur.	Non-E.	All races.	Eur.	Non-E.	All races.	Eur.	Non-E.	All races.
1947–48	—	0·75	0·53	1·02	1·19	1·14	1·02	1·94	1·67
1948–49	0·53	—	0·15	1·06	2·01	1·75	1·59	2·01	1·90
1949–50	—	0·10	0·07	0·29	0·99	0·81	0·28	1·09	0·88
1950–51	0·30	0·29	0·29	—	1·27	0·96	0·30	1·57	1·25
1951–52	—	0·47	0·35	0·58	0·86	0·79	0·58	1·33	1·14
1952–53	—	0·18	0·14	0·56	1·38	1·18	0·56	1·56	1·31
1953–54	0·29	0·65	0·56	0·85	1·12	1·05	1·14	1·77	1·61
1954–55	0·29	0·18	0·21	0·88	1·74	1·53	1·17	1·92	1·74

SECTION III.—MATERNAL AND CHILD WELFARE.

Dr. Isobel Robertson, B.A., M.B., Ch.B., D.P.H.
Maternal and Child Welfare Officer.

This branch is under the direction of the Maternal and Child Welfare Officer. Dr. E. P. Woodrow retired from this position in February 1955, and Dr. I. Robertson was appointed in her place.

The Branch is responsible for health education and preventive work among mothers and young children. Treatment of minor ailments is done for children whose parents are unable to afford medical fees.

The work of the branch consists of home visiting, carried out by a staff of 50 health visitors, and clinic sessions conducted by one of the four full time medical officers or a part-time medical officer with special knowledge of this type of work, with the assistance of the health visitors of the district. There are at present 36 part-time doctors doing one to three clinic sessions per week. Valuable assistance is given in the form of clerical work at many of the sessions by voluntary workers, whose interest is much appreciated.

Pre-natal sessions are conducted for expectant mothers, particularly those to be attended by private midwives.

There are classes in relaxation and pre-natal exercises at two of the centres.

The clinics are conducted in seventeen municipal welfare centres and nine hired halls.

Two clinics a week are conducted in the Student's Clinic, 12th Avenue, Windermere, by kind permission of the Students' Health and Welfare Committee.

The Society for Maternal and Family Welfare conducts post-natal clinics in seven of the welfare centres.

All mothers are visited about two weeks after their confinements, assisted with any problems relating to their infants, and advised to attend the nearest welfare centre regularly with their babies and pre-school children. Thereafter they are visited at regular intervals up to school age.

All protected infants, that is, children under 7 years of age, maintained apart from their parents, are visited at three-monthly intervals, and reports on their condition are sent to the Commissioner of Child Welfare.

General medical clinics are conducted weekly at eight centres for indigent school children, and special ear, nose and throat and eye clinics are held every week for cases referred from these clinics.

Dental sessions are held in four of the welfare centres for mothers and children.

Orthopaedic clinics are held in four of the centres weekly. An orthopaedic surgeon attends each clinic once a month. The orthopaedic health visitor also attends many children in their homes.

An intensive programme of immunization against diphtheria and whooping cough is carried out throughout the year.

Supplementary feeding for expectant and nursing mothers and malnourished children is provided at all the larger centres. This takes the form of dinners or snacks of high nutritional value and milk.

The Branch is responsible for running three nursery schools, one with a creche attached, for non-European children, one creche for Native children in Langa, and a small resident nursery for the infants of women suffering from tuberculosis.

It is also responsible for maintaining a list of all midwives practising in the municipal area, and for the supervision of these individuals. Regular inspections are held, and the supervisor keeps in close touch with all the midwives.

MATERNAL AND CHILD WELFARE CENTRES.

The table on page 23 shows the attendance (classified for race) at the child welfare sessions, pre-natal clinics, school clinics and dinners held at the centres during the year 1954-55.

There are 26 branch centres in Cape Town and the suburbs, but as there is no centre for the central Cape Town area, sessions are held for Europeans in halls hired for the purpose, and for the non-Europeans, temporary use is made of a house in the Malay quarter.

Child Welfare Sessions.

During the year 55 child welfare sessions were held weekly, and 6 fortnightly. At these sessions 12,870 children were registered as new cases. Of these, 11,317 (1,646 European and 9,671 non-European) were under one year of age at the time of their first attendance, and 1,553 (220 European and 1,333 non-European) were over one year of age at that time.

Of the new cases registered, 128 were of children resident outside the municipal area, viz. under one year of age, Europeans 29, non-Europeans 72, over one year of age, Europeans 8, non-Europeans 19.

The new cases registered within the city (excluding attendance at the Langa centre) were as follows:—

	European.	*non-European.*
Under one year of age	1,617	9,213
Over one year of age	212	1,224

These first attendances under one year of age amounted to 78 per cent of the registered births, (48 per cent in the case of Europeans and 87 per cent in the case of non-Europeans).

These figures do not include infants who attended the consultations of the South African Mothercraft Training Centre, which, if included, would increase the percentage of European attendances. The work done at these sessions during the year is shown in the table on page 24.

Instructional test feeds:

The health visitors hold sessions for mothers needing guidance in feeding their infants and these instructional test feeds are of great value in maintaining the nutritional status of the infant.

During the year instructional test feeds were given to 607 European mothers and 2,552 Coloured and Native mothers.

Dried milk for infants who cannot be entirely breast-fed, and skimmed milk for children with malnutrition, is supplied at the centres under the direction of the medical officers, at cost price. In cases of poverty the milk is supplied free or at a reduced rate. Such medicines as may be ordered are supplied on similar terms.

During the year ended 30th June, 1955, 1,504 new cases were supplied with dried milk and 45,889 pounds were issued. The cost of the dried milk was £6,979 4s. 0d.

The attendances at the child welfare sessions are shown in the following table over a period of years:—

Centre.	1954–55	1953–54	1952–53	1951–52	1950–51
Shortmarket Street	8,718	8,159	7,807	8,970	8,283
Kloof Street	1,750	1,446	1,783	1,454	1,569
Aspeling Street	16,563	16,957	19,090	19,448	21,270
Bloemhof	5,939	5,854	6,354	7,553	7,227
Devil's Peak	1,736	1,665	1,530	1,560	1,894
Green Point	1,296	1,239	1,555	1,332	1,334
Camps Bay	508	485	502	423	437
Woodstock	14,009	14,636	14,786	13,873	14,419
Mowbray	643	783	771	805	845
Maitland	9,592	9,132	8,614	8,542	8,992
Brooklyn	2,067	1,868	2,046	2,126	2,231
Windermere (8th Avenue)	12,057	16,328	15,809	13,911	14,337
Windermere (12th Avenue)	3,570				
Langa	3,569	3,772	3,489	3,446	3,124
Athlone	15,797	15,758	17,215	16,807	18,162
Bokmakirie	12,660	12,872	13,113	13,551	14,250
Claremont (Station Road)	5,403	5,122	5,189	5,497	6,182
Claremont (Wesley Street)	5,312	4,989	5,716	5,672	5,948
Claremont (Franklin Road)	834	594	566	726	534
Lansdowne	6,359	6,041	5,816	5,435	5,693
Wynberg..	8,247	8,127	8,128	8,963	8,648
Parkwood and Southfield	3,108	3,734	2,235	2,612	2,365
Retreat	14,596	13,314	13,832	12,126	12,783
Steenberg	2,141	2,381	1,873	1,853	
Muizenberg	346	408	421	340	339
Kalk Bay	780	677	500	561	636
Totals	157,600	156,341	158,740	157,586	161,502

Centre.	Race.	Infant consultations.				Pre-natal clinics.			School clinics.			Dinners.	
		Sessions.	First attendances.		Total attendances.	Sessions.	Attendances.		Sessions.	Attendances.		Attendances.	
			Under 1 year.	Over 1 year.			First.	Total.		First.	Totals.	Adults.	Children.
Shortmarket St., Cape Town	Eur. ..		—	—	—	—	—	—		—	—	—	—
	Non-Eur.		608	56	8,718		131	449		443	910	—	6,946
	Total ..	152	608	56	8,718	27	131	449	22	443	910	—	6,946
Kloof St., Cape Town	Eur. ..		148	13	1,750								
	Non-Eur.		—	—	—								
	Total ..	50	148	13	1,750								
Aspeling St., Cape Town	Eur. ..		—	—	—		—	—		—	—	—	—
	Non-Eur.		1,103	231	16,563		586	2,212		1,440	4,846	4,111	13,463
	Total ..	295	1,103	231	16,563	50	586	2,212	40	1,440	4,846	4,111	13,463
Bloemhof, Cape Town	Eur. ..		—	—	—		—	—					
	Non-Eur.		349	24	5,939		136	544					
	Total ..	103	349	24	5,939	49	136	544					
Devil's Peak Estate	Eur. ..		126	9	1,736								
	Non-Eur.		—	—	—								
	Total ..	46	126	9	1,736								
Green Point ..	Eur. ..		95	2	1,296								
	Non-Eur.		—	—	—								
	Total ..	51	95	2	1,296								
Camps Bay ..	Eur. ..		35	—	508								
	Non-Eur.		—	—	—								
	Total ..	26	35	—	508								
Woodstock ..	Eur. ..		296	58	5,090		62	192		629	1,378	—	—
	Non-Eur.		565	113	8,919		523	2,394		1,562	3,751	1,980	3,524
	Total ..	250	861	171	14,009	110	585	2,586	222	2,191	5,129	1,980	3,524
Mowbray ..	Eur. ..		56	—	643								
	Non-Eur.		—	—	—								
	Total ..	23	56	—	643								
Maitland ..	Eur. ..		89	9	1,214		14	44		31	47	—	—
	Non-Eur.		613	72	8,378		442	1,531		404	1,042	128	2,728
	Total ..	197	702	81	9,592	70	456	1,575	22	435	1,089	128	2,728
Brooklyn ..	Eur. ..		156	14	2,067								
	Non-Eur.		—	—	—								
	Total ..	50	156	14	2,067								
Windermere (8th Ave.) ..	Eur. ..		—	—	—		—	—		—	—	—	—
	Non-Eur.		931	120	12,057		398	1,327		492	1,390	4,126	9,292
	Total ..	196	931	120	12,057	68	398	1,327	19	492	1,390	4,126	9,292
Windermere (12th Ave.) ..	Eur. ..		—	—	—		—	—					
	Non-Eur.		498	40	3,570		750	2,589					
	Total ..	49	498	40	3,570	51	750	2,589					
Athlone	Eur. ..		—	—	5		—	—		—	—	—	—
	Non-Eur.		1,273	109	15,792		777	2,936		640	1,194	1,283	9,578
	Total ..	198	1,273	109	15,797	102	777	2,936	18	640	1,194	1,283	9,578
Langa	Native ..	48	386	37	3,569	50	357	1.453					
Bokmakirie ..	Eur. ..		—	—	—		—	—				—	—
	Non-Eur.		667	100	12,660		512	2,263				2,846	15,742
	Total ..	152	667	100	12,660	101	512	2,263				2,846	15,742
Station Rd., Claremont	Eur. ..		131	23	1,586		27	86		23	38	—	—
	Non-Eur.		292	60	3,817		313	1,307		316	679	1,610	5,070
	Total ..	134	423	83	5,403	50	340	1,393	22	339	717	1,610	5,070
Wesley St., Claremont	Eur. ..		—	—	—		—	—				—	—
	Non-Eur.		262	48	5,312		83	252				1,100	6,232
	Total ..	101	262	48	5,312	32	83	252				1,100	6,232
Franklin Rd., Claremont	Eur. ..		72	9	834								
	Non-Eur.		—	—	—								
	Total ..	23	72	9	834								
Lansdowne ..	Eur. ..		102	19	1,317		13	42				—	—
	Non-Eur.		467	82	5,042		265	1,030				1,245	3,839
	Total ..	149	569	101	6,359	66	278	1,072				1,245	3,839
Wynberg.. ..	Eur. ..		152	23	2,209		19	54		13	31	—	—
	Non-Eur.		425	57	6,038		383	1,092		181	324	1,689	3,706
	Total ..	152	577	80	8,247	51	402	1,146	16	194	355	1,689	3,706
Parkwood and Southfield	Eur. ..		57	15	1,050		8	21				—	—
	Non-Eur.		127	14	2,058		83	231				1,765	4,614
	Total ..	96	184	29	3,108	33	91	252				1,765	4,614
Retreat	Eur. ..		95	24	1,182		11	29				—	—
	Non-Eur.		999	146	13,414		892	3,245				5	4,800
	Total ..	259	1,094	170	14,596	100	903	3,274				5	4,800
Steenberg ..	Eur. ..		—	—	—		—	—					—
	Non-Eur.		60	13	2.141		36	202					8,884
	Total ..	51	60	13	2,141	49	36	202					8,884
Muizenberg ..	Eur. ..		36	2	328								
	Non-Eur.		1	—	18								
	Total ..	24	37	2	346								
Kalk Bay ..	Eur. ..		—	—	—		—	—					
	Non-Eur.		45	11	780		9	34					
	Total ..	27	45	11	780	21	9	34					
TOTAL ..	Eur. ..		1,646	220	22,815		154	468		696	1,494	—	—
	Non-Eur.		9,671	1,333	134,785		6,676	25,091		5,478	14,136	21,888	98,418
	Total ..	2,902	11,317	1,553	157,600	1,080	6,830	25,559	381	6,174	15,630	21,888	98,418

South African Mothercraft Training Centre.

(Lady Buxton Home.)

The following table shows the number of infants who attended the consultations of the South African Mothercraft Training Centre during the year ended 30th June, 1955.

Voluntary Centre.	No. of sessions in the year.	No. of new cases (Infants).	Total attendances (Infants).	Total attendances (Toddlers).
Bowwood Road, Claremont	160	466	2,659	185
Sea Point	49	144	1,235	115

The attendances at the pre-natal sessions held in the welfare centres are shown in the following table over a period of years:—

Centre.	1954–55	1953–54	1952–53	1951–52	1950–51
Shortmarket Street	449	486	673	696	752
Aspeling Street	2,212	2,144	2,497	2,515	2,535
Bloemhof	544	512	504	500	450
Woodstock	2,586	2,410	2,136	2,302	2,480
Maitland	1,575	1,558	1,631	1,355	1,753
Brooklyn..					43
Windermere (8th Avenue)	1,327	3,948	4,423	4,309	4,364
Windermere (12th Avenue)	2,589				
Langa	1,453	1,435	1,284	1,102	1,127
Athlone	2,936	3,111	3,185	3,394	3,579
Bokmakirie	2,263	1,978	2,320	1,967	1,926
Claremont (Station Road)	1,393	1,283	1,304	1,575	1,508
Claremont (Wesley Street)	252	387	434	508	454
Lansdowne	1,072	1,020	1,023	1,116	1,063
Wynberg..	1,146	1,242	1,245	1,346	1,430
Parkwood and Southfield	252	292	250	270	244
Retreat	3,274	3,356	3,283	2,967	3,321
Steenberg	202	284	310	304	
Kalk Bay	34	66	41	44	29
Totals	25,559	25,512	26,543	26,270	27,058

Post-Natal Clinics.

Fortnightly sessions are held at seven of the child welfare centres in co-operation with the South African Council for Maternal and Family Welfare.

At these clinics each woman receives a routine post-natal examination and any abnormalities found are treated there or, if necessary, referred to the gynaecological department of a general hospital.

Instruction in family spacing and limitation is also given when this is deemed advisable for socio-medical reasons.

During the year there were 885 new cases (143 European and 742 non-European) and a total attendance of 4,331 (759 European and 3,572 non-European).

Provision of Dinners or Milk with Snacks.

At six of the centres dinners were served throughout the year from Monday to Friday to indigent expectant and nursing mothers and pre-school children.

The experiment, started in January 1953, of serving milk with snacks, with the addition of soup in winter, proved so successful that three other centres, Athlone, Bokmakirie and Maitland adopted this regime in lieu of dinners.

The advantage of this type of meal is that the children can attend at any time when convenient for their mothers, and further that a greater number of children can be provided with these extra food supplements.

The snacks consist of fortified bread with margarine, peanut butter and golden syrup mixture, cheese and fruit.

The number of servings of milk and snacks at the various child welfare centres during the year was as follows:—

Shortmarket Street	6,946
Maitland	2,856
Athlone	10,861
Bokmakirie..	18,588
Claremont (Station Road)	6,680
Claremont (Second Avenue)	7,332
Retreat	4,805
Steenberg	8,884
	66,952

In the year under review the number of meals given amounted to 120,306, of which, 66,952 were milk and snacks. The cost per head per day amounted to 5·22d. for the dinners and 2·56d. for the snacks.

These figures include the cost of fuel at two centres where coal fires are used, but does not include the cost of electricity at the other centres. It also includes the wages of the cook. The mothers themselves are expected to assist in the serving and cleaning up after these meals.

In accordance with arrangements made with the School Board, who are responsible for the distribution of free milk to school children under the scheme of the Dairy Industry Control Board, free milk is distributed to poor children under school age at the infant welfare centres. The distribution is made every week-day, and the children consume the milk at the centres. During the year under review the attendances of children for milk numbered 154,066 and the milk consumed amounted to 7,901 gallons (exclusive of the milk provided at the municipal nursery schools).

HEALTH VISITING IN THE HOME.

The health visitors undertake home visiting for children under school age, visiting of expectant mothers, and in addition, the visiting required for ophthalmia neonatorum, puerperal fever, whooping cough, and other infectious diseases of childhood. So as to forge the link between the home and the welfare centre, it is axiomatic that each health visitor assists at those sessions held at the centre situated in her district.

Home visiting can be considered the most important aspect of the work of a health visitor, since it aims at teaching the mother the care of her child in relation to that home. Visits are made soon after an infant's birth, and thereafter as frequently as the health visitors' time permits, but not less frequently than every three months during the first year of life.

The full complement of health visiting staff as at 30th June, 1955, is made up as follows:—

Chief Health Visitor	1
Deputy Chief Health Visitor	1
Supervisor of Midwives	1
Social Welfare Worker	1
Diphtheria Immunization Nurses	2
Orthopaedic Nurse	1
School Nurses	2
Clinic Nurses	3
European Health Visitors	26
Malay Health Visitors	2
Coloured Health Visitors	8
African Health Visitors	3
Total	51

Owing to shortage of fully qualified health visitors, three clinic nurses who were appointed on May 2nd, 1955, are attending the Health Visitors Course at the Cape Technical College. Should they be successful in passing their Royal Sanitary Institute examination in December, 1955, they will be appointed to the staff on the grade for health visitors.

The following table shows the number of visits made during 1954-55 and previous years by the health visitors and the social welfare workers (including the visits made by the tuberculosis health visitors and the nurse visitors from the Venereal Diseases Branch).

Classification of visits.	Number of visits.									
	1954–55	1953–54	1952–53	1951–52	1950–51	1949–50	1948–49	1947–48	1946–47	1945–46
Visits to houses where births have occurred . .	16,094	15,454	15,548	14,930	14,773	14,725	14,758	14,667	14,622	13,339
Subsequent visits to houses where births have occurred . .	72,308	70,312	67,960	53,726	57,082	57,127	54,503	50,989	43,912	47,252
Visits to houses where deaths under 5 years of age have occurred	1,514	1,303	1,147	1,308	1,365	1,336	1,369	1,620	1,303	1,502
Visits to expectant mothers	1,652	1,841	1,851	2,184	2,426	2,612	2,795	2,912	2,890	2,820
Visits *re* protected infants	2,504	2,483	2,624	2,322	2,059	2,024	2,097	2,778	3,029	3,486
Special follow-up visits	3,381	4,433	4,875	5,847	6,231	6,211	6,096	5,267	4,843	5,214
Visits to cases of tuberculosis	25,732	22,307	25,052	25,705	24,087	21,609	20,500	21,006	19,018	17,352
Visits *re* cases of puerperal fever	17	13	25	24	18	48	51	86	76	77
Visits *re* measles . .	131	69	121	19	69	52	41	89	83	55
Visits *re* whooping cough	934	589	1,155	1,821	944	287	42	104	48	9
Visits *re* diarrhoea . .	47	48	27	80	83	85	60	45	29	83
Visits *re* chicken-pox . .	22	28	9	11	21	23	9	19	8	10
Visits *re* ophthalmia neonatorum	461	355	245	209	325	332	431	427	564	563
Visits *re* pneumonia . .	7	10	47	158	229	271	276	348	360	305
Visits *re* trachoma . .	1	1	1	1	1	1	3	1	5	6
Visits *re* influenza . .	—	1	—	2	1	1	1	—	2	1
Visits *re* other diseases . .	6	9	3	18	23	18	76	154	81	121
Visits *re* diphtheria immunization	1,831	779	874	897	1,197	1,340	1,115	1,025	2,150	2,830
Visits *re* diphtheria . .	18	—	3	2	4	2	1	13	54	167
Visits *re* midwives . .	778	785	697	613	560	615	796	625	560	962
Visits *re* schools . .	275	298	273	234	321	277	491	596	569	781
Visits to school children	2,197	2,169	3,319	3,034	4,061	1,129	756	900	870	740
Visits to shops and factories	47	211	228	302	312	370	229	209	410	572
Visits to nursing homes	4	14	8	3	4	139	88	92	114	151
Visits *re* verminous persons	—	—	—	—	—	1	5	10	44	25
Visits *re* dental treatment	143	108	145	109	88	72	94	130	189	156
House-to-house visitations	6,280	7,089	7,566	7,634	8,386	7,700	7,312	6,350	5,884	6,042
Visits *re* venereal disease	1,147	1,885	3,671	5,769	7,172	7,236	7,169	7,808	8,876	8,071
Visits *re* prospective foster mothers . .	17	15	20	25	42	39	51	21	45	63
Visits to orthopaedic cases	1,832	2,183	2,229	2,053	2,774	2,913	3,588	3,502	3,341	3,302
Other visits	463	379	287	240	248	393	732	1,157	1,023	1,155
Visits by Social Welfare Investigator	2,262	1,904	2,409	1,954	2,286	2,294	2,630	2,114	1,515	1,631
Total visits . .	142,105	137,075	142,419	131,234	137,192	131,282	128,165	122,064	116,417	118,843
Complaints referred to Chief Health Inspector	—	7	10	16	32	31	43	21	19	44

NOTIFICATION OF BIRTHS.

The regulations *re* Early Notification of Births (made by the Minister of Public Health in 1920) require the notification of all births in the Municipality within twenty-four hours.

During the year 1954-55 the number of births and still-births notified (including births to mothers who were non-Cape residents) was 18,854 as follows:—

Notified by midwives and nurses (other than extern or intern institutional cases)	6,308
Notified by doctors	701
Notified by institutions (extern or intern)	11,845

There were 233 births notified in Langa Native Township.

In Table H, on page 95 the births and still-births notified as having taken place in the Municipality during the year are classified by ward according to the manner in which the mothers were attended.

The following is a summary of the table.

Attended.	*Births.*	*Percentage.*
In private houses:		
By private doctors	691	4·3
By private midwives:		
Certificated	5,587	35·2
Uncertificated	667	4·2
By public midwives or midwife students	1,613	10·2
No doctor or midwife	36	0·2
No information	74	0·5
	8,668	54·6
In institutions:		
Public institutions	3,651	23·0
Private nursing homes	3,546	22·4
	7,197	45·4

A comparison of the extern births attended by certificated private midwives in proportion to those attended by uncertificated women is interesting. In the year 1930-31, 80 per cent of midwife births (extern) were attended by uncertificated midwives. In the present year the percentage was 10·7.

The public institutions in which most confinements have taken place are tho Peninsula Maternity Hospital, Somerset Hospital, the Booth Memorial Hospital, St. Monica's Home, Mowbray Maternity Hospital and the Salvation Army Non-European Maternity Centre. Public extern midwifery is dono from the Peninsula Maternity Hospital, the Booth Memorial Hospital, St. Monica's Home and Somerset Hospital.

SUPERVISION OF MIDWIFERY.

The supervision of all persons, other than medical practitioners, practising midwifery in the municipal area is undertaken by this Branch in accordance with the regulations made under section 18 (*b*) of the Public Health (Amended) Act No. 15 of 1928.

The various groups of midwives practising in the municipal area consist of the private midwives, who work under the supervision of the Department, midwives attached to the Provincial Administration Midwifery Training Schools, and midwives attached to the Grassy Park Health Centre. This last named group fill a long felt need in providing a domiciliary service for the Parkwood area wherein reside a large proportion of the lower social sections of the non-European group.

There is still most inadequate hospital accommodation for midwifery cases, and an urgent and pressing need for the provision of more beds for the non-European group.

Difficulties are still experienced by such non-European mothers who fail to make institutional provision for their confinements. This is particularly evident at Retreat, Windermere and Surrey Estate. Poverty is frequently given as the reason for taking no steps to book a hospital bed or, failing that, booking a midwife resident in the area. In those areas where no district midwife operates, the Health Department assists by paying a private midwife's confinement fee in those cases which have been investigated by the health visitors and approved by the Medical Officer of Health.

Assisted Midwifery.

An amount of £104 17s. 0d. was paid to private midwives during the year. Fees to medical practitioners called in by midwives to cases of obstetrical emergencies amounted to £19 5s. 6d.

Inspections.

Regular meetings of private midwives are held at the various welfare centres, when talks on midwifery are given by the departmental medical officers, and where the midwives are encouraged to discuss their problems with the doctors. At such meetings the supervisor of midwives also inspects the midwives' records and equipment.

The midwives receive regular visits from the supervisor of midwives in their homes. The extent of her work is indicated by the following figures:—

Midwives interviewed at office	127
Number of visits paid by supervisor to midwives in their own homes	608
Inspections held during 1954-55	16
Attendances of midwives at inspections	162
Total visits paid by supervisor	1,359

Classes in the preparation for natural childbirth.

Classes at which relaxation, pre-natal exercises and instructional talks are given, are run at two of the centres. These classes are conducted by health visitors from the Child Welfare Branch who are specially trained in relaxation exercises.

Prosecutions of midwives or removals from the Register.

During the year 1954-55 a certificated midwife was suspended by the South African Nursing Council for a period of three months.

PUERPERAL FEVER.

Reported cases of this notifiable disease are investigated by the Maternal and Child Welfare Branch and are admitted to the City Hospital where necessary.

The cases of puerperal fever reported in the year 1954-55, corrected for imported cases and misdiagnosis, numbered 8 (2 European and 6 non-European).

The mortality from this cause for a series of years, expressed as a rate per 1,000 live births, is shown on page 21.

Attendances at Confinement.

Five of the notified cases were confined at home and three in hospitals. Of the five at home, two were attended in labour by midwives only and one by a doctor and midwife; two were unattended.

Condition of Child.

Six of the cases supervened upon the birth of a living child and two upon the birth of a dead foetus. Of the latter two cases, one was that of a viable foetus and the other of a non-viable foetus.

Treatment.

Five of the cases were treated in the City Hospital, the remaining three cases being treated at home. There was one case of this disease in the Langa Native Township.

DIPHTHERIA AND WHOOPING COUGH IMMUNIZATION.

Two immunizing teams, each consisting of a medical officer, health visitor and an assistant, have been formed this year. They conduct 14 sessions per week throughout the year—at clinics, institutions and schools.

A card is sent to all parents whose infants have reached the age of 6 months, advising immunization by their private doctor or at the nearest clinic.

Infants and children under 6 years of age who have not had whooping cough receive the combined whooping cough and diphtheria vaccine, while the school entrants, older children in institutions and children who have had whooping cough, receive the diphtheria vaccine only.

A booster injection is given one year after the initial immunizing and a further injection against diphtheria only, to school entrants.

The work done at the municipal sessions during the year ending 30th June, 1955, is shown by the following figures:—

Number of sessions:

At schools	128
At institutions	41
At child welfare centres	271

Total persons immunized:

European.	*Non-European.*	*All races.*
4,162	17,955	22,117

Number of injections given:

S.A. Alum Precipitated Toxoid	23,080
S.A. Combined Whooping Cough and Diphtheria Vaccine. . . .	28,158
A.D.F. and D.F.	131
	51,369

OPHTHALMIA NEONATORUM AND GONORRHOEAL OPHTHALMIA.

For the purpose of notification, ophthalmia neonatorum is taken to mean a purulent inflammation of the eyes of an infant beginning within twenty-one days after birth, whether it is due to infection with the gonococcus or not. Cases of inflammation of the eyes beginning after the twenty-first day of life are not regarded as ophthalmia neonatorum, but if due to gonococcal infection are notifiable as gonorrhoeal ophthalmia.

The number of cases of these diseases in the year, corrected for imported cases and misdiagnosis was 206 (6 European and 200 non-European).

Of these 206 cases, 75 were born in institutions and 131 at home. Of the 131 home confinements 6 were recorded as having been attended by doctors and 120 by midwives; 5 were unattended.

(All cases except those under treatment by private or hospital medical practitioners are seen and treated by the clinic medical officer. Every case is kept under observation by the health visitors in order to secure efficient treatment).

It is to be recorded that the health visitors reported 112 of the cases as "slight" and 94 as "moderate" or "grave".

In addition to the above figures, 8 cases of ophthalmia neonatorum occurred at the Langa Native Township.

Efforts were made to see all children after the completion of treatment, and the results were as follows:—

Eyes completely recovered	200
Sight damaged	2
Lost trace of	12
	214

DAY NURSERIES AND NURSERY SCHOOLS.

The employment of married women in factories, domestic work, and other spheres of labour has become a necessity for many families, who could not otherwise maintain a decent standard of living.

Many of the infants of working mothers are cared for by foster mothers. Although the care given is often good, in some cases it leaves much to be desired.

Nurseries and nursery schools are therefore an essential health measure for the under-privileged child, providing, as they do, proper care in hygienic surroundings, in addition to forming constructive social and educational backgrounds. They are run by various private charitable organizations and the Child Welfare Branch of the City Health Department. The latter maintains three nursery schools, one with a creche attached, and a day nursery at Langa Native Township.

The City Council receives £6 per child per annum at the three nursery schools, from the Provincial Administration.

All nursery schools and creches have to be registered by the Social Welfare Department. Before registration a municipal health inspector visits them and reports on the suitability of the premises. This report is sent by the Medical Officer of Health to the Social Welfare Department.

Municipal Nurseries and Nursery Schools.

There has been an improvement in the method of staffing the municipal nursery schools. A European nursery school teacher supervises the running of all the schools. Trained non-European nursery school teachers have been appointed to replace the untrained helpers previously employed. The new arrangement appears to be working very well.

The Bokmakirie Creche and Nursery School, which serves the Council's housing schemes in Kew Town and Bokmakirie, has accommodation for 80 children under school age, 20 being babies between 3 months and 2 years, and 60 being between 2 and 6 years of age. The nursery is open from 8 a.m. to 5 p.m. and meals are provided. It is staffed by a creche superintendent, two non-European junior nursery school teachers, a creche nurse and two helpers.

Bloemhof Nursery School. This nursery school is run in the Bloemhof Community Centre attached to the municipal housing scheme in Constitution Street. There is accommodation for 40 children from 3 to 6 years of age, under the supervision of a European nursery school teacher, a non-European junior nursery school teacher and one helper. The nursery is open from 8 a.m. to 5 p.m., and mid-day dinner is provided.

Shelley Street Nursery School. This nursery school is situated in the centre of a busy factory area in Salt River, and is very popular. There is accommodation for 45 children from 3 to 6 years of age, under the supervision of two non-European junior nursery school teachers and one helper. The nursery school is open from 8 a.m. to 5 p.m. and meals are provided.

Langa Day Nursery. In August, 1952, a day nursery was opened in the Langa Native Township for 20 infants and 40 children between the ages of 2 and 6 years. There are two trained African nurses and eight helpers. The nursery is open on Mondays to Fridays from 7.30 a.m. to 5.30 p.m. the whole year through and meals are provided.

The attendances at the municipal nurseries and nursery schools during the year ended 30th June, 1955, are shown in the following table:—

	Shelley Street.	Bloemhof.	Bokmakirie.	Langa.
New entrants	30	24	51	50
Mean total on register	50	45	80	55
Daily sessions	220	220	220	250
Mean attendances per session . .	42	40	66	51
Total attendances	9,189	8,901	14,425	12,842

A resident nursery for the infants of tuberculous non-European women is run in a cottage in the municipal housing scheme in Kew Town. The infants are admitted, as soon after birth as possible, to enable the mothers to be transferred to a tuberculosis hospital for treatment.

The home has accommodation for a maximum of seven infants with a non-European house-mother in charge. They receive injections of B.C.G., which is from time to time imported in small quantities from Denmark, and remain in the home for some months, until the mothers are in a fit condition to care for them or some other suitable arrangement can be made.

PROTECTED INFANTS.

Children under 10 years of age who are maintained apart from their parents or close relatives and are living with foster-parents have by law to be registered by the foster-mother with the Commissioner of Child Welfare of the district. Infant protection visitors are appointed by the Commissioner to visit and report at regular intervals, so that the interests of the children are safeguarded.

In Cape Town, the Commissioner of Child Welfare has appointed the health visitors of the Child Welfare Branch to act as infant protection visitors for children under school age.

The practice of placing children with foster-mothers is very common in Cape Town, principally among non-Europeans.

Many of the foster-mothers care for the children well, and receive regular payment. When the parents of the foster-child are unmarried, however, payments invariably become irregular or cease altogether after a few months, and the parents frequently disappear. Furthermore, infants are sometimes placed with unsuitable foster-parents whose home surroundings are bad, or who neglect the infants.

All such social problems as might affect the welfare of the young child are brought to light by the health visitor at her periodic visits. Should a foster-mother prove unsuitable, arrangements are made for the removal of that child to some other person who has already been proved as a foster-parent.

The number of protected infants registered in the period 1st July, 1954 to 30th June, 1955, was as follows:—

Cape Town Magisterial District	96
Wynberg Magisterial District	138
	234

The total number of visits made by health visitors during the year to protected infants was 2,504.

ADOPTION OF CHILDREN.

Any person who is desirous of taking a child for adoption in Cape Town usually applies in the first instance to the Adoption Committee of the Society for the Protection of Child Life; similarly, anyone who wishes to have a child adopted is referred to the Secretary of the Adoption Committee. Where an adoption is to be arranged, this Committee acts in an advisory capacity to the Commissioner of Child Welfare who is responsible for authorising legal adoption under the Children's Act. Adoptive parents and the children concerned are usually kept under supervision for a period, to see how the adoption works before it is made final. The list of proposed adoptions are referred to the maternal and child welfare officers, who advise as to the suitability and health of the persons concerned.

During the current year the following number of infants were placed with adoptive parents on probation:—

Europeans	54
Non-Europeans	92
	146

CARE OF CHILDREN SUFFERING FROM ORTHOPAEDIC DEFECTS.

This section of the Child Welfare Branch is reponsible for the care of all children under 6 years of age living within the municipal area, who are suffering from orthopaedic defects.

There is one orthopaedic health visitor, who works in close co-operation with the orthopaedic nurses employed by the Provincial Administration.

The work of the orthopaedic health visitor is divided between domiciliary visiting and clinics.

The following figures give an indication of the work done:—

Number of children on the books of the health visitor on the 30th June, 1955:—

European	67
Coloured	260
Native	25
	352

Causes of Disablement.

Surgical tuberculosis	45
Poliomyelitis	46
Cerebral palsy	14
Congenital deformities	86
Rickets	86
Flat feet	42
Nerve injuries	2
Perthes disease	2
Erbs Palsy	9
Arthritis (septic)	2
Post meningeal paralysis	6
Undiagnosed	12
	352

Children admitted to hospital	46
Children in hospital (under 6)	43
Children discharged from hospital	41
Children referred to the Provincial Administration sisters on reaching the age of 6	70
Recoveries	96
Deaths	7
Children moved out of the municipal area	30
House visits made	1,832

Clinics.

Clinics held with an orthopaedic surgeon in attendance are also attended by two orthopaedic sisters from the Provincial Administration, the orthopaedic technician from the workshops, an orthopaedic social worker from the Cripple Care Association, and a clinic clerk from the Provincial Administration.

Surgeons clinics held	41
Sister clinics held	205
Total	246
Attendances at surgeons clinics	1,576
Attendances at sisters clinics	5,522
Total	7,098

SCHOOL CLINICS.

By arrangement with the Provincial Administration, school clinics are organised in the Maternal and Child Welfare Branch and held during the term at certain of the City Council Welfare centres.

General sessions, with a medical officer in attendance, are held weekly at Woodstock and Aspeling Street (Cape Town) and fortnightly at Maitland, Windermere, Claremont, Athlone, Wynberg and Shortmarket Street (Cape Town).

Children suffering from the effects of malnutrition and debility following an illness are sent to convalescent homes.

Cases requiring other specialised attention are referred to the appropriate out-patient departments of a general hospital, or to a child guidance or mental hygiene clinic.

Where necessary, visits are made to the homes of such children and the parents or guardians interviewed.

Ophthalmic clinics with a specialist in attendance are held three times a week at the Woodstock centre.

Spectacles are supplied by a local firm of opticians at reduced rates, but the charges may be borne wholly or partly by the Council in the case of indigency.

An ear, nose and throat specialist is in attendance at the Woodstock centre once a week.

Mrs. Neill-Brown, a senior health visitor, was appointed to the position of senior school nurse, on the promotion of Miss B. Jennings to the post of assistant chief health visitor.

The work done during the year ended 30th June, 1955, is shown in the table on page 23 and is further analysed in the following figures:—

	Ophthalmic school clinic.			General school clinic.			Ear, nose and throat clinic.		
	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.
Number of new cases ..	396	936	1,332	244	4,281	4,525	56	261	317
Total attendances	836	2,101	2,937	597	11,722	12,319	61	313	374
Number of sessions held ..			142			200			39
Children fitted with spectacles:									
Full-paying	109	117	226						
Part-paying	69	360	429						
Free	18	48	66						

SOCIAL WELFARE WORK.

The social worker is available for interview each morning and cases are visited and investigated in the afternoons. One of the most frequent requests for advice and help from expectant mothers and mothers of small children is for support from fathers and reputed fathers.

Many requests are received from maternity homes for assistance in the placing of babies whose mothers have died or who have to remain in hospital for long periods. Owing to the dearth of foster homes and the difficulty of finding suitable foster-parents this has always proved no easy task to the department.

Particular care is taken in connection with unmarried mothers under the age of 16 years and during this year 153 cases (10 European, 103 Coloured, 40 Native) were investigated and reports submitted as required by the Girls' and Mentally Defective Women's Protection Act, 1916.

The social welfare investigator also visits rescue homes in an advisory capacity and reports to the health visitors when the mothers and babies leave such institutions.

Close contact and co-operation is maintained with societies such as the Society for the Protection of Child Life, Afrikaanse Christelike Vrouens Vereeniging, Cape Mental Hygiene Society, Social Welfare Department and its non-support officers.

The official engaged in this work holds a degree in social science.

SECTION IV.—DENTAL BRANCH.

(Prepared by Dr. S. Winer: Chief Dental Officer.)

Dental treatment is today recognized as an integral part of a modern health service.

Its universal inclusion in public health programmes, although accepted as a desirable ancillary, has not yet been completely integrated for two main reasons: viz.

(*a*) The fact that dental diseases are mostly not communicable and are not directly dangerous to life, and

(*b*) the high cost of administering such services.

Although dental diseases are the most common of all ailments from infancy to advanced age, its presence is accepted and tolerated and often viewed with complacency as a concomitant of civilization.

Among the more favoured portion of the community a constant war is being waged to repair the ravages of dental caries, but the fact that this treatment is not final indicates that treatment must be almost continuous if we are to prevent the condition progressing to the dangerous stages of deep sepsis with its consequential serious sequelae.

The fact that dental disese is so general among the rich and the poor, the young and the old, makes it imperative to place treatment within reach of all.

By the very fact of the painstaking nature and time consuming effort of dental conservative treatment, considerable expense is involved in relation to the small numbers treated.

Such treatment has also to be administered to the same persons at various times in different age-groups, and one individual can, in his lifetime, involve considerable expense in attempting to retain his dentition.

These are briefly the difficulties encountered in establishing and administering a dental treatment scheme.

There are several factors responsible for the widespread occurrence of dental caries. These can be divided into predisposing and exciting causes.

In the first group are included mineral-deficient water supplies and the faulty processing of some essential foods. In the second group are found bad dietary habits and the lack of oral hygiene.

The latter factors are more common among the poorer section of the community and it is found that unchecked dental caries is very common in this group.

Under the various public health enactments, no authority is specifically charged with the responsibility for administering dental treatment to all age-groups, and in the past most of it was undertaken voluntarily and on a limited basis, the services often being confined to the extraction of painful or diseased teeth.

The Cape Town dental clinic administered by the City Council through its health department provides a complete scheme of dental treatment for all under privileged age-groups.

It is financed by the recovery of sub-economic fees which have been assessed against an individual according to his ability to pay, the contributions from the Education Department of the Provincial Administration and subsidies from the Union Health Department. The direct cost to the municipal rating account is approximately one-quarter of the total cost.

Treatment is provided at the following centres:— the central dental clinic in Hope Street, the five child welfare and maternal clinics in Aspeling Street, St. James Street, Salt River, Wynberg, Athlone and Lansdowne; the tuberculosis clinic, Chapel Street, the City Hospital for Infectious Diseases, the Brooklyn Hospital for Chest Diseases, the Native Hospital, Langa, and at the following non-Council centres; the Students Clinic, Retreat, the Lady Michaelis Hospital, the Maitland Cottage Homes Orthopaedic Hospital, and the Dr. Stals Tuberculosis Sanatorium. Plans are in the process of preparation for the establishment of a further branch dental clinic at Norfolk Street, Maitland.

DENTAL CLINICS.

Centre.		Sessions.	New cases.		Total attendances.		Extractions (persons).		Fillings (persons).		Examinations and other dental treatment.		Dentures supplied (persons).	
			E.	O.	E.	O.	E.	O.	E.	O.	E.	O.	E.	O.
Hope Street, Cape Town	General:													
	Adults	1,567	1,077	7,945	4,099	21,723	820	7,606	320	166	2,949	14,316	320	1,064
	Children		740	2,201	2,830	4,983	792	2,429	556	90	1,539	2,513	14	8
	School Children:													
	School Board . .	513	234	569	2,104	1,109	298	574	1,642	459	295	101	—	—
	Total . .	2,080	2,051	10,715	9,033	27,815	1,910	10,609	2,518	715	4,783	16,930	334	1,072
Aspeling Street, Cape Town	Nursing and expectant mothers . .	38	—	136	—	186	—	179	—	—	—	8	—	—
	Pre-school children:		—	358	—	478	—	464	—	—	—	14	—	—
	School children:													
	School Board . .	50	—	978	—	1,925	—	1,545	—	—	—	388	—	—
	Total . .	88	—	1,472	—	2,589	—	2,188	—	—	—	410	—	—
Woodstock	Nursing and expectant mothers . .	64	23	187	29	264	27	253	—	—	2	11	—	—
	Pre-school children		160	365	192	464	186	458	—	—	6	7	—	—
	School children:													
	School Board . .	135	336	1,047	928	1,891	555	1,594	217	31	170	270	—	—
	Total . .	199	519	1,599	1,149	2,619	768	2,305	217	31	178	288	—	—
Athlone	Nursing and expectant mothers . .	57	—	306	—	403	—	392	—	—	—	11	—	—
	Pre-school children		—	426	—	515	—	499	—	—	—	16	—	—
	School children: . .													
	School Board . .	53	—	899	—	1,819	—	1,546	—	—	—	279	—	—
	Total . .	110	—	1,631	—	2,737	—	2,437	—	—	—	306	—	—
Wynberg	Nursing and expectant mothers . .	47	4	258	9	376	7	350	—	—	2	26	—	—
	Pre-school children		38	228	50	277	45	260	—	—	5	18	—	—
	School children:													
	School Board . .	172	189	1,328	610	2,242	271	1,710	236	161	109	381	—	—
	Total . .	219	231	1,814	669	2,895	323	2,320	236	161	116	425	—	—
Lansdowne	School children: School Board . .	87	69	389	472	713	144	601	232	—	135	112	—	—
St.Mary'sTraining School . .		2	69	—	69	24	—	23	—	—	69	1	—	—
City Hospital	In-patients . .	10	15	112	18	150	13	101	—	—	5	49	—	—
Brooklyn Chest Hospital . .	In-patients . .	9	—	90	—	167	—	107	—	—	—	60	—	—
Langa Hospital	Native residents, Langa	51	—	559	—	1,076	—	1,061	—	—	—	15	—	—
Dr. A. J. Stals Memorial Sanatorium . .	In-patients . .	26	—	252	—	788	—	321	—	—	—	467	—	—
Tuberculosis Clinic, Chapel Street . .	Out-patients . .	105	59	336	251	1,073	51	289	62	44	144	733	22	123
Lady Michaelis Home . .	In-patients . .	15	45	101	51	142	6	41	—	—	45	101	—	—
Maitland Cottage Home . .	In-patients . .	4	—	80	—	181	—	29	—	—	—	152	—	—
Students Clinic, Retreat . .	Out-patients . .	33	—	759	—	724	—	533	—	—	—	19	—	—
F.O.S.A. Settlement . .	In-patients . .	1	—	17	—	17	—	—	—	—	—	17	—	—
	Totals . .	3,039	3,058	19,926	11,712	43,710	3,215	22,965	3,265	951	5,475	20,085	356	1,195

The staff consists of the Chief Dental Officer, the Deputy Dental Officer (at present vacant), an Assistant Dental Surgeon, five trained sisters, three clinic assistants, one social worker, four dental mechanicians, one apprentice; the clerical staff consists of four (one vacancy). Domestic and cleaning staff—four.

Assistance is given by a number of part-time dental surgeons, anaesthetists and nursing staff

Since the establishment of the central dental clinic, attendances have increased from year to year, and the figures for the year under review are indicated in the table on page 31.

SECTION V.—INFECTIOUS AND OTHER DISEASES.

The cases of compulsorily notifiable diseases reported in the Municipality of Cape Town during the year ended 30th June, 1955, are shown in Table O, on page 102.

No cases were reported of the following notifiable diseases: Asiatic cholera, plague, glanders, rabies, yellow fever, smallpox, lead poisoning, anthrax, malta fever or trypanosomiasis.

In the tables on pages 103 to 105 the notified cases (corrected) are classified by race and:—

(Table P) in months according to date of notification.

(Table Q) in age and sex groups.

(Table R) in wards.

The number of cases notified in a series of past years is set out in Table S, on page 106. Similar information as to deaths from these and certain other infectious diseases will be found in Tables C and D, on pages 89 and 90.

Other statistical details as to deaths from infectious diseases are contained in Table A at page 77 and in Table B, on page 88.

ENTERIC OR TYPHOID FEVER.

The number of cases suffering from this disease reported in the year, corrected for misdiagnosis and imported cases number 87 (11 European and 76 non-European) equivalent to an incidence rate of 0·18 per 1,000 population (0·06 European and 0·26 non-European). No cases were directly attributable to milk-borne infection.

The number of deaths from enteric fever according to date of registration in the year as belonging to Cape Town was 5 (non-Europeans) equivalent to a death rate of 0·01 per 1,000 population (0·02 non-European).

There were no cases in the Langa Native Township.

Two of the 87 cases were domestic staff employed in a nursing home in Ward 1 of the city. The other cases occurred in 70 houses, in 61 of which there was one case each, in 6 houses two cases each, in 2 houses three cases each, and in one house six cases. Apart from these secondary cases in single premises, contact with a known and recent case of enteric was established in five instances, including the house where six cases occurred. In another instance, a carrier was discovered in the same premises, but of another family. A dairy employee who was notified had fortunately removed himself from the dairy prior to the onset of illness. One patient was a municipal employee whose duties in the Roads and Drainage Branch of the City Engineer's Department exposed him to the possibility of contracting enteric fever.

Eighty of the patients were admitted to the City Hospital. Four of these were originally admitted for some other disease and were later diagnosed to be suffering from enteric fever.

In addition to the above figures, there were 126 (33 European and 93 non-European) out of area cases of enteric fever treated at the City Hospital.

Table O, on page 102 will show the number of uncorrected cases and the correction for errors of diagnosis for both Cape Town and out of area cases of enteric reported in the year.

Reference to Tables P, Q, R on pages 103, 104, and 105, demonstrates the notifications for the year in months, age-groups and wards of the city. Other particulars will be found in the table on page 34 and in Table S on page 106.

Enteric fever carrier. One patient (non-European) as stated above, was admitted to the City Hospital as an enteric fever carrier.

DIPHTHERIA.

The cases of this disease reported in the year 1954-55, corrected for misdiagnosis and imported cases, numbered 113 (32 European and 81 non-European), equivalent to an incidence rate of 0·24 per 1,000 population (0·17 European and 0·28 non-European).

Of these 113 cases, 9 proved fatal (1 European and 8 non-European), but two of these were cases notified prior to the year under review; one of the fatal cases in the current year died after the close of the present period, and one case which died of pulmonary tuberculosis and diphtheria was classified under the tuberculosis code number.

One of the notified cases was a nurse at the City Hospital. The other cases occurred in 105 houses, in 99 of which there was one case each, in 5 houses two cases each and in one house three cases.

112 of the cases were treated at the City Hospital. The one case which did not go to hospital was an infant who died before being seen by a doctor, and was notified on postmortem findings.

Apart from instances where secondary cases occurred in the same premises, no definite source of infection could be traced. The time lapse between onset of symptoms and notification has been analysed below:—

Age-groups	Time in days											Total
	1	2	3	4	5	6	7–9	10–14	15–20	Over 20	Un-known	
0–1 ..	1	—	4	—	1	—	3	1	—	—	1	11
1–2 ..	3	1	2	1	1	—	2	2	1	—	—	13
2–5 ..	6	9	6	2	3	1	5	2	2	1	1	38
5–10 ..	4	4	2	3	2	2	3	4	—	—	1	25
10–15 ..	1	—	—	1	4	1	3	—	—	—	—	10
15–25 ..	2	3	1	1	—	1	—	—	—	—	1	9
25–35 ..	1	—	1	1	—	—	—	1	—	—	—	4
45–55 ..	1	1	—	—	—	—	—	—	—	—	—	2
55–65 ..	1	—	—	—	—	—	—	—	—	—	—	1
Total ..	20	18	16	9	11	5	16	10	3	1	4	113

The low incidence of diphtheria maintained over the past 10 years was broken with a 66·2 per cent increase in cases over the previous year, although the number of cases this year is still far below that of the 770 recorded in the year 1938-39, when the prevalence of the disease was at its highest.

There was one case of diphtheria in the Langa Native Township.

Excluded from the above figures were 103 cases from outside the municipality which were also treated at the City Hospital.

Table O, on page 102 will show the number of uncorrected cases and the corrections for errors of diagnosis for both Cape Town and out of area cases of diphtheria reported in the year.

Other particulars will be found in the table below and in Tables P to S on pages 103 to 105.

Of the 87 cases under 10 years of age, 23 had received immunizing injections at the municipal clinics. Two of these proved fatal. Other particulars regarding diphtheria immunization will be found in the table below and on page 27.

Year.	Number of Notifications			Persons Immunized		
	Eur.	Non-Eur.	All Races.	Eur.	Non-Eur.	All Races.
1938–39 ..	537	233	770	3,202	2,806	6,008
1939–40 ..	286	130	416	2,541	2,421	4,962
1940–41 ..	204	89	293	1,770	3,086	4,856
1941–42 ..	195	138	333	2,038	2,941	4,979
1942–43 ..	160	135	295	3,398	3,814	7,212
1943–44 ..	175	110	285	3,206	4,828	8,034
1944–45 ..	89	89	178	2,517	8,465	10,982
1945–46 ..	91	84	175	2,347	7,488	9,835
1946–47 ..	51	56	107	3,214	8,217	11,431
1947–48 ..	64	73	137	3,515	8,227	11,742
1948–49 ..	33	60	93	2,989	11,038	14,027
1949–50 ..	60	62	122	3,298	10,256	13,554
1950–51 ..	41	60	101	2,375	10,514	12,889
1951–52 ..	34	34	68	2,588	9,439	12,027
1952–53 ..	33	47	80	3,750	13,010	16,760
1953–54 ..	28	40	68	3,441	14,636	18,077
1954–55 ..	32	81	113	4,162	17,955	22,117

SCARLET FEVER.

The cases of this disease reported in the year 1954-55, corrected for misdiagnosis and imported cases, numbered 181 (133 Europeans and 48 non-Europeans), equivalent to an incidence rate of 0·38 per 1,000 population (0·70 European and 0·17 non-European). There were no deaths from scarlet fever during the year.

There were no cases in the Langa Native Township.

Two cases occurred in the boarding establishment of a girls' school in Ward 13, one case in another girls' school in Ward 14, and one case in a boys' school hostel in Ward 4. There were three cases each in two institutions in Ward 8. The remaining cases occurred in 160 houses, in 150 of which there was one case each, in 9 houses two cases each, and in one house 3 cases. 154 of the cases were treated at the City Hospital, 6 cases in other hospitals and 21 were nursed at home.

In addition to the above figures there were 31 cases of scarlet fever admitted to the City Hospital from outside the municipality.

Reference to Table O, on page 102 will show the uncorrected cases and the correction for errors of diagnosis for both Cape Town and extra municipal cases of scarlet fever reported in the year.

Other particulars will be found in the table opposite and in Tables P to S on pages 103 and 105.

Corrected Notification and Death Rates per 1,000 Population from Enteric Fever, Diphtheria and Scarlet Fever.

Year.	Enteric fever.				Diphtheria.				Scarlet fever.			
	Notifications.		Deaths.		Notifications.		Deaths.		Notifications.		Deaths.	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
1914–15 ..	3·13	2·89	0·26	0·30	1·94	0·82	0·20	0·29	0·98	0·13	0·03	—
1915–16 ..	1·96	1·73	0·01	0·37	2·27	0·67	0·20	0·25	1·54	0·10	—	—
1916–17 ..	1·90	1·92	0·16	0·41	1·91	0·53	0·12	0·17	0·60	0·05	—	—
1917–18 ..	1·55	1·58	0·13	0·40	1·20	0·41	0·08	0·14	1·09	0·17	—	—
1918–19 ..	2·20	2·40	0·19	0·42	1·22	0·31	0·03	0·13	1·65	0·23	—	—
1919–20 ..	2·60	2·50	0·22	0·52	1·30	0·45	0·08	0·15	2·84	0·29	0·03	—
1920–21 ..	3·46	3·78	0·37	0·56	0·75	0·29	0·05	0·04	2·25	0·18	0·02	—
1921–22 ..	1·98	2·48	0·20	0·50	0·86	0·22	0·08	0·07	0·94	0·11	—	—
1922–23 ..	1·71	1·64	0·21	0·31	1·15	0·28	0·10	0·06	0·45	0·06	—	—
1923–24 ..	1·12	1·04	0·11	0·23	1·51	0·55	0·08	0·12	0·24	0·03	—	—
1924–25 ..	0·72	1·02	0·07	0·21	1·90	0·45	0·15	0·09	0·46	0·01	—	—
1925–26 ..	0·78	1·05	0·07	0·18	1·60	0·48	0·07	0·12	1·15	0·08	—	0·01
1926–27 ..	1·02	1·26	0·13	0·28	1·62	0·89	0·10	0·16	1·07	0·11	—	—
1927–28 ..	0·84	1·19	0·08	0·22	1·25	0·54	0·08	0·11	1·76	0·05	0·02	—
1928–29 ..	0·76	0·86	0·10	0·22	1·23	0·60	0·10	0·13	1·17	0·08	—	0·01
1929–30 ..	0·65	0·79	0·06	0·14	1·23	0·45	0·10	0·09	1·93	0·16	0·01	0·01
1930–31 ..	0·71	0·84	0·06	0·19	1·38	0·76	0·06	0·09	3·11	0·32	0·01	—
1931–32 ..	0·51	0·78	0·09	0·19	0·86	0·53	0·05	0·09	0·87	0·14	—	—
1932–33 ..	0·21	0·23	0·02	0·04	1·00	0·57	0·06	0·05	0·85	0·14	—	—
1933–34 ..	0·36	0·36	0·01	0·05	1·33	0·80	0·04	0·08	0·71	0·07	—	—
1934–35 ..	0·22	0·36	0·04	0·07	1·61	1·00	0·06	0·14	1·55	0·10	0·01	—
1935–36 ..	0·20	0·31	0·02	0·04	1·25	0·88	0·07	0·12	3·95	0·24	0·02	0·01
1936–37 ..	0·22	0·67	0·01	0·09	1·45	0·83	0·01	0·08	2·98	0·20	0·02	0·01
1937–38 ..	0·37	0·28	0·03	0·05	2·20	1·73	0·12	0·23	0·72	0·09	0·01	—
1938–39 ..	0·09	0·25	0·01	0·03	3·36	1·55	0·12	0·31	0·51	0·05	—	—
1939–40 ..	0·22	0·22	0·01	0·02	1·75	0·84	0·03	0·12	0·76	0·07	—	—
1940–41 ..	0·07	0·16	0·01	0·06	1·21	0·56	0·04	0·05	1·30	0·11	—	—
1941–42 ..	0·23	0·45	0·01	0·07	1·22	0·85	0·04	0·10	1·67	0·06	0·01	—
1942–43 ..	0·55	0·41	0·02	0·08	0·98	0·81	0·06	0·09	0·94	0·04	—	—
1943–44 ..	0·10	0·32	0·02	0·04	1·03	0·61	0·02	0·09	0·91	0·04	0·01	—
1944–45 ..	0·12	0·42	0·02	0·09	0·51	0·48	0·03	0·07	0·82	0·09	0·01	0·01
1945–46 ..	0·12	0·45	0·02	0·06	0·15	0·44	0·01	0·06	1·80	0·22	—	0·01
1946–47 ..	0·13	0·73	0·03	0·12	0·28	0·29	0·01	0·03	1·36	0·10	—	—
1947–48 ..	0·19	0·33	0·03	0·04	0·34	0·36	0·02	0·03	0·81	0·12	—	0·01
1948–49 ..	0·07	0·20	0·01	0·04	0·17	0·29	0·02	0·02	0·97	0·12	—	—
1949–50 ..	0·08	0·14	—	0·03	0·30	0·29	0·02	0·05	1·17	0·13	—	—
1950–51 ..	0·05	0·15	—	0·02	0·22	0·25	—	0·04	1·12	0·20	—	—
1951–52 ..	0·12	0·23	—	0·01	0·18	0·14	0·01	0·00	0·94	0·10	—	0·00
1952 53 ..	0·07	0·23	—	0·01	0·17	0·18	0·02	0·02	1·12	0·09	—	—
1953–54 ..	0·07	0·32	—	0·01	0·15	0·15	—	—	0·93	0·09	—	—
1954–55 ..	0·06	0·26	—	0·02	0·17	0·28	0·01	0·03	0·70	0·17	—	—

CEREBROSPINAL FEVER.

In the year 1954-55 there were 73 Cape Town cases (19 European and 54 non-European) of cerebrospinal fever notified, equivalent to an incidence rate of 0·15 per 1,000 population (0·10 European and 0·19 non-European).

There were 6 deaths (1 European and 5 non-European) from cerebrospinal fever registered as belonging to Cape Town during the year, equivalent to a death rate of 0·01 per 1,000 population (0·01 European and 0·02 non-European).

There was one case in the Langa Native Township.

Of the 73 Cape Town cases, 72 were treated in the City Hospital (5 fatal). The remaining case was a child aged 2 years, who had contracted chicken pox and was only notified as cerebrospinal fever after death.

64 cases of cerebrospinal fever from outside the municipality were treated at the City Hospital (2 fatal), one at Groote Schuur Hospital and one at Victoria Hospital. Both these latter cases were fatal.

Reference to Table O, on page 102 will show the number of uncorrected cases and the correction for errors of diagnosis for both Cape Town and extra municipal cases of cerebrospinal fever reported in the year.

Other particulars will be found in the table below and in the Tables P to S on pages 103 to 105.

ACUTE POLIOMYELITIS.

Of this disease 29 cases (10 European and 19 non-European) were reported in the year under review, equivalent to an incidence rate of 0·06 per 1,000 population (0·05 European and 0·07 non-European). There were no deaths, but the death of one of these cases after discharge from the City Hospital was ascribed to diaphragmatic paralysis following poliomyelitis.

There were two cases in the Langa Native Township.

The number of cases reported during the year was less than half that of the previous year, with greatest prevalence during the third quarter of the year as against the second quarter in the previous year, and spread throughout the city, with the incidence in Ward 8 most marked, though not confined to the Windermere district of this ward. 27 of the cases were treated at the City Hospital, one at Groote Schuur Hospital, and one case was nursed at home. There were no secondary household cases. Typing of several of these cases revealed in all cases the virus to be Type II (Lansing strain).

In addition to the above figures, 57 extra municipal cases were treated at the City Hospital.

Table O, on page 102, will show the number of uncorrected cases and the correction for errors of diagnosis for both Cape Town and extra municipal cases in the year.

Other particulars will be found in the table below and in Tables P to S on pages 103, 104 and 105.

INFECTIVE ENCEPHALITIS.

There were 4 Cape Town cases (2 European and 2 non-European) of infective encephalitis reported in the year, and one death (non-European).

There was one extra municipal case admitted to the City Hospital for another disease and afterwards found to be suffering from infective encephalitis.

Other particulars will be found in the table below, and in Tables P to S on pages 103, 104 and 105.

Cases (Corrected) and Deaths from Cerebrospinal Fever, Acute Poliomyelitis, and Infective Encephalitis.

Year.	Cerebrospinal fever.				Acute poliomyelitis.				Infective encephalitis.			
	Cases.		Deaths.		Cases.		Deaths.		Cases.		Deaths.	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
1915–16 ..	2	–	–	–	4	5	—	—				
1916–17 ..	2	–	1	–	3	1	1	2				
1917–18 ..	6	2	3	2	3	2	1	1				
1918–19 ..	3	5	–	5	2	2	2	–				
1919–20 ..	3	6	3	5	1	1	–	1				
1920–21 ..	4	1	3	1	3	1	–	–	3	1	2	1
1921–22 ..	4	1	–	–	1	1	1	1	5	–	5	–
1922–23 ..	4	5	4	2	–	1	–	1	3	1	2	1
1923–24 ..	2	3	2	3	1	–	–	–	5	4	3	4
1924–25 ..	6	19	5	11	1	1	1	1	6	5	3	4
1925–26 ..	4	21	5	19	–	–	–	–	6	10	6	7
1926–27 ..	10	39	6	29	2	–	1	–	6	5	4	5
1927–28 ..	39	183	18	92	8	4	2	1	8	3	3	3
1928–29 ..	30	101	16	59	4	1	1	–	7	5	5	3
1929–30 ..	14	48	8	27	11	6	3	1	4	3	3	–
1930–31 ..	4	18	3	15	5	5	–	2	1	4	–	3
1931–32 ..	7	35	3	21	–	–	–	–	7	2	5	2
1932–33 ..	8	22	5	15	4	4	1	2	4	4	–	1
1933–34 ..	3	17	3	17	8	3	–	–	2	–	–	–
1934–35 ..	5	20	3	15	11	14	1	3	8	3	2	1
1935–36 ..	1	9	1	10	1	3	–	–	4	3	2	4
1936–37 ..	7	11	7	9	7	2	2	–	1	3	2	1
1937–38 ..	3	15	2	5	4	2	4	–	4	4	2	1
1938–39 ..	5	33	1	17	2	9	–	–	–	2	–	1
1939–40 ..	2	24	1	7	5	11	–	–	2	3	1	–
1940–41 ..	23	45	4	8	5	4	–	1	1	5	1	3
1941–42 ..	19	47	1	4	4	3	2	2	3	1	2	–
1942–43 ..	23	80	2	13	2	–	–	–	6	3	3	2
1943–44 ..	39	222	9	36	5	1	–	–	–	2	–	–
1944–45 ..	25	80	6	18	46	18	1	1	–	1	–	1
1945–46 ..	16	58	1	12	10	4	1	2	1	–	–	–
1946–47 ..	15	31	2	6	4	3	–	–	–	5	–	1
1947–48 ..	5	33	1	9	13	13	2	—	—	—	—	—
1948–49 ..	13	49	3	7	8	11	—	—	1	1	—	1
1949–50 ..	10	39	5	13	7	9	—	—	2	2	—	1
1950–51 ..	16	55	3	13	12	8	—	—	—	2	—	2
1951–52 ..	6	51	1	6	10	2	1	—	3	2	—	—
1952–53 ..	7	40	—	10	14	13	4	—	4	4	—	1
1953–54 ..	10	49	1	4	41	25	3	—	2	2	—	1
1954–55 ..	19	54	1	5	10	19	—	—	2	2	—	1

ERYSIPELAS.

The number of cases of erysipelas in the municipality of Cape Town in the year 1954-55 was 13 (5 European and 8 non-European).

There were no cases in the Langa Native Township.

In addition to the above there was one extra-municipal case treated at the City Hospital.

Other particulars will be found in Tables P to S on pages 103, 104 and 105.

INFLUENZA AND PNEUMONIA.

These diseases are not now notifiable in the Cape Town municipality, but deaths from influenza since the epidemic in 1918, and from bronchitis and pneumonia (all forms), with the corresponding death rates are set out in the following table:—

Year.	Influenza.				Bronchitis.				Pneumonia (all **forms**).			
	European.		Non-European.		European.		Non-European.		European.		Non-European.	
	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.
1918–19 ..	864	9·33	2,893	36·41	47	0·51	216	2·72	239	2·58	229	2·88
1919–20 ..	2	0·02	5	0·06	39	0·40	203	2·52	71	0·74	385	4·77
1920–21 ..	1	0·01	18	0·22	42	0·42	237	2·91	89	0·89	418	5·13
1921–22 ..	5	0·05	10	0·12	43	0·42	197	2·36	112	1·09	379	4·54
1922–23 ..	6	0·06	5	0·06	39	0·37	222	2·58	91	0·86	407	4·72
1923–24 ..	3	0·03	3	0·03	32	0·30	185	2·07	92	0·85	445	4·98
1924–25 ..	25	0·22	39	0·32	29	0·26	148	1·59	58	0·52	323	3·46
1925–26 ..	13	0·12	22	0·23	26	0·23	213	2·25	70	0·63	269	2·84
1926–27 ..	13	0·11	18	0·18	40	0·35	255	2·62	84	0·74	387	3·96
1927–28 ..	20	0·16	52	0·46	39	0·30	305	2·69	96	0·75	509	4·49
1928–29 ..	23	0·18	33	0·28	40	0·31	217	1·87	93	0·71	390	3·56
1929–30 ..	32	0·24	29	0·24	36	0·27	221	1·86	65	0·49	338	2·84
1930–31 ..	9	0·06	26	0·21	46	0·33	201	1·61	58	0·42	345	2·77
1931–32 ..	30	0·22	43	0·34	35	0·25	218	1·74	100	0·72	403	3·22
1932–33 ..	12	0·08	18	0·14	20	0·14	157	1·22	71	0·50	385	3·00
1933–34 ..	8	0·06	9	0·07	30	0·21	170	1·29	61	0·42	346	2·63
1934–35 ..	30	0·20	27	0·20	29	0·20	278	2·06	114	0·77	482	3·57
1935–36 ..	36	0·24	32	0·23	19	0·12	193	1·37	92	0·60	453	3·21
1936–37 ..	13	0·08	17	0·12	35	0·23	132	0·93	57	0·37	317	2·23
1937–38 ..	24	0·15	24	0·16	34	0·22	252	1·73	80	0·51	465	3·19
1938–39 ..	15	0·09	15	0·10	30	0·19	170	1·14	79	0·50	446	2·98
1939–40 ..	17	0·10	12	0·08	20	0·12	131	0·86	66	0·41	438	2·86
1940–41 ..	18	0·11	18	0·11	27	0·16	159	1·01	73	0·44	442	2·80
1941–42 ..	8	0·05	10	0·06	21	0·13	129	0·78	68	0·42	474	2·87
1942–43 ..	8	0·05	8	0·05	33	0·20	128	0·77	61	0·37	412	2·48
1943–44 ..	12	0·07	13	0·07	12	0·07	182	1·02	60	0·36	584	3·27
1944–45 ..	5	0·03	9	0·05	19	0·11	118	0·64	59	0·34	425	2·30
1945–46 ..	3	0·02	9	0·05	20	0·11	113	0·59	47	0·26	372	1·96
1946–47 ..	4	0·02	10	0·05	18	0·10	126	0·64	56	0·31	364	1·86
1947–48 ..	9	0·05	5	0·02	12	0·06	109	0·53	57	0·30	442	2·15
1948–49 ..	3	0·02	12	0·06	20	0·10	98	0·47	61	0·32	293	1·41
1949–50 ..	3	0·02	10	0·05	18	0·09	81	0·38	59	0·30	355	1·65
1950–51*..	10	0·05	5	0·02	15	0·08	71	0·30	42	0·23	276	1·16
1951–52*..	3	0·02	6	0·02	12	0·06	72	0·29	57	0·30	251	1·01
1952–53*..	3	0·02	9	0·03	16	0·08	54	0·20	40	0·21	245	0·92
1953–54*..	5	0·03	2	0·01	16	0·08	26	0·09	65	0·34	222	0·81
1954–55*..	4	0·02	9	0·03	20	0·10	28	0·10	56	0·29	253	0·88

Corrected for outward transfers, and from 1924-25—1949-50 inclusive for European inward transfers.

*Corrected for outward transfers only.

The following figures for deaths from bronchitis and pneumonia show the contrast between Europeans and non-Europeans compared with the previous year:—

	1954-55		1953-54	
	European.	*Non-European.*	*European.*	*Non-European.*
Under 5 years of age	5	229	16	174
0–1 year	5	164	13	120
1–2 years		40	1	37
2–5 years		25	2	17
All other ages	71	52	65	74
Totals	76	281	81	248

The infant mortality rate per 1,000 live births from these causes for a series of past years are set out in Table L, on page 99.

The seasonal character of mortality from bronchitis and pneumonia will be found in Table C, on page 89.

TYPHUS FEVER.

One case of tick bite fever was reported in the person of a European male adult in Ward 3. The patient had not been away from home prior to onset of illness, and no source of infection was traced. Five cases of tick bite fever from outside the municipality were treated in the City Hospital.

Three patients of one family from outside the municipality, admitted to the City Hospital for typhoid fever were found to be suffering from Q fever (R. Burreti) which is extremely rare in this country. Only six cases of Q fever have been reported in the Union of South Africa since 1950.

There were three cases of tick bite fever in the Langa Native Township.

TRACHOMA.

Two cases of trachoma were notified during the year. A coloured female child aged 2 years was stated to have developed eye trouble three months previously while living outside the municipal area. The child was treated at Groote Schuur Hospital out-patient department. In the other instance, a Coloured female adult was discovered and received treatment at the Cape Town Free Dispensary.

LEPROSY.

Five cases of leprosy were reported during the year. In one instance (Coloured male adult), the patient was unknown to the occupants of the address at which he was residing. He was destitute and ill and had for this reason been given shelter by the householder. He was removed to the Somerset Hospital, later reported as a case of leprosy and removed to the Conradie Hospital. One other case (Native male adult) presented himself at the Groote Schuur Hospital out-patient department and was immediately reported and removed to Conradie Hospital. This patient stated that he had no fixed abode but had confined his activities to the Windermere area. The three other cases were reported in the Windermere-Kensington area by the Union Health Department many months after discovery, and no immediate action by this department was possible.

WHOOPING COUGH.

For the period under review, the number of cases of whooping cough reported as belonging to Cape Town was 684 (155 European and 529 non-European), equivalent to an incidence rate of 1·43 per 1,000 population (0·81 European and 1·84 non-European).

The total deaths from whooping cough in the year, according to date of registration, numbered 23 (non-European), equivalent to a death rate of 0·05 per 1,000 population (0·08 non-European). All the deaths were in children under 5 years of age.

The 684 Cape Town cases occurred in 476 houses (including 3 cases in an institution in Ward 14), in 344 of which there was one case each, in 91 houses two cases each, in 16 houses three cases each, in 18 houses four cases each, in 5 houses five cases each, in one house six cases, and in one house seven cases. In other words, there was spread of infection within the same house in 49·7 per cent of the cases.

The distribution of the 684 cases according to months, age-groups and wards of the city will be found in the Tables P to S on pages 103, 104 and 105.

There were 14 cases of whooping cough notified in the Langa Native Township.

64 of the cases were treated in the City Hospital.

In addition to the above figures, 44 out of area cases were treated at the City Hospital (10 of which died).

Table O on page 102 shows the uncorrected cases and corrections for errors of diagnosis for both Cape Town and out of area cases.

In the year under review 28,158 inoculations of the S.A. Institute for Medical Research's combined whooping cough and diphtheria vaccine were given at the immunizing sessions held at the municipal child welfare centres, schools and other institutions.

The following table reveals the number of deaths from whooping cough with the corresponding rates per 1,000 population for a series of years, as well as the number of notifications and the incidence rates since the disease was first made notifiable in April, 1950. It will be seen that the incidence of this disease, which fell by 48 per cent in the previous year, returned to approximately the average of previous years.

Year.	Whooping cough.							
	Notifications.		Incidence rate per 1,000 population.		Deaths.		Death rate per 1,000 population.	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
1914–15	—	—	—	—	16	72	0·20	0·95
1915–16	—	—	—	—	2	2	0·02	0·03
1916–17	—	—	—	—	12	20	0·14	0·26
1917–18	—	—	—	—	10	40	0·11	0·51
1918–19	—	—	—	—	7	22	0·08	0·28
1919–20	—	—	—	—	10	29	0·10	0·36
1920–21	—	—	—	—	16	41	0·16	0·50
1921–22	—	—	—	—	—	5	—	0·06
1922–23	—	—	—	—	8	25	0·08	0·29
1923–24	—	—	—	—	21	69	0·19	0·77
1924–25	—	—	—	—	4	10	0·04	0·11
1925–26	—	—	—	—	5	20	0·04	0·21
1926–27	—	—	—	—	7	26	0·06	0·27
1927–28	—	—	—	—	21	74	0·16	0·66
1928–29	—	—	—	—	11	32	0·08	0·28
1929–30	—	—	—	—	6	15	0·04	0·13
1930–31	—	—	—	—	9	58	0·06	0·47
1931–32	—	—	—	—	8	44	0·06	0·35
1932–33	—	—	—	—	10	32	0·07	0·25
1933–34	—	—	—	—	1	19	0·01	0·14
1934–35	—	—	—	—	5	19	0·03	0·14
1935–36	—	—	—	—	10	178	0·07	1·26
1936–37	—	—	—	—	3	23	0·02	0·16
1937–38	—	—	—	—	—	20	—	0·14
1938–39	—	—	—	—	1	81	0·01	0·54
1939–40	—	—	—	—	4	66	0·02	0·43
1940–41	—	—	—	—	3	43	0·02	0·27
1941–42	—	—	—	—	3	54	0·02	0·33
1942–43	—	—	—	—	2	5	0·01	0·03
1943–44	—	—	—	—	6	33	0·04	0·18
1944–45	—	—	—	—	2	90	0·01	0·49
1945–46	—	—	—	—	—	5	—	0·03
1946–47	—	—	—	—	2	17	0·01	0·09
1947–48	—	—	—	—	5	102	0·03	0·50
1948–49	—	—	—	—	1	18	0·01	0·09
1949–50*	29	148	—	—	1	66	0·01	0·31
1950–51*	138	727	0·74	3·05	2	21	0·01	0·09
1951–52*	278	836	1·48	3·35	2	24	0·01	0·10
1952–53*	244	518	1·29	1·98	—	18	—	0·07
1953–54*	125	269	0·66	0·98	—	9	—	0·03
1954–55*	155	529	0·81	1·84	—	23	—	0·08

Corrected for outward transfers, and from 1924-25—1948-49 inclusive for European inward transfers.

*Corrected for outward transfers only.

MEASLES.

There were 24 deaths (1 European and 23 non-European) from measles in the year, compared with 16 non-European deaths in the previous year. All these deaths occurred in children under 5 years of age.

In the year under review, 124 cases of measles were treated at the City Hospital, of which 30 were from outside the municipality, 3 from overseas, and one from the Langa Native Township.

Other particulars will be found in the Tables A to E on pages 77 to 92.

In the following table the number of deaths from measles and the corresponding rates are shown for a series of years:—

Year.	Measles.			
	Deaths.		Rate per 1,000 population.	
	European.	Non-European.	European.	Non-European.
1914–15	1	1	0·01	0·01
1915–16	2	—	0·02	—
1916–17	20	147	0·23	1·90
1917–18	1	7	0·09	0·09
1918–19	3	2	0·03	0·03
1919–20	9	12	0·01	0·15
1920–21	2	27	0·02	0·33
1921–22	—	—	—	—
1922–23	3	21	0·03	0·24
1923–24	20	116	0·19	1·30
1924–25	1	2	0·01	0·02
1925–26	—	6	—	0·06
1926–27	9	38	0·08	0·39
1927–28	3	12	0·02	0·11
1928–29	9	9	0·07	0·08
1929–30	3	17	0·02	0·14
1930–31	—	17	—	0·14
1931–32	8	39	0·06	0·31
1932–33	—	—	—	—
1933–34	3	23	0·02	0·17
1934–35	6	80	0·04	0·59
1935–36	3	—	0·02	—
1936–37	—	4	—	0·03
1937–38	6	65	0·04	0·45
1938–39	1	7	0·01	0·05
1939–40	—	—	—	—
1940–41	4	37	0·02	0·23
1941–42	5	6	0·03	0·04
1942–43	2	20	0·01	0·12
1943–44	2	48	0·01	0·27
1944–45	2	9	0·01	0·05
1945–46	1	29	0·01	0·15
1946–47	1	19	0·01	0·10
1947–48	1	27	0·01	0·13
1948–49	—	17	—	0·08
1949–50	4	29	0·02	0·14
1950–51*	—	15	—	0·06
1951–52*	—	—	—	—
1952–53*	—	18	—	0·07
1953–54*	—	16	—	0·06
1954–55*	1	23	0·01	0·08

Corrected for outward transfers, and from 1924-25—1949-50 inclusive for European inward transfers.

*Corrected for outward transfers only.

FOOD POISONING.

Only one food poisoning episode was brought to the notice of the department during the year, which, on bacteriological assay, was proved to be due to pre-formed staphylococcal coagulase positive toxin in "briani", a Cape Malay meat dish consisting of minced meat mixed with spices and herbs and served cold.

This particular article of foodstuff, together with other foods, had been prepared by a Mohammedan pilgrim for his friends and fellow pilgrims to celebrate their safe return from Mecca. Of approximately 150 guests who had partaken of this feast, some 26 had already been seen by the local medical practitioner, suffering from the effects of acute food poisoning. All these individuals gave the history of having consumed portions of the briani.

The main symptoms were abdomen pain, diarrhoea, vomiting, headache and collapse. In all cases the onset of these symptoms had occurred approximately 2-4 hours after partaking of the feast.

The kitchen of the dwelling in which this feast was prepared was clean and the food handlers were found to be free of open lesions or septic skin conditions. Nose and throat swabs were also found to be negative for staphylococci.

After seizure and destruction of the briani the feast continued for a further four days without any further cases occurring.

The source of contamination of the meat was never established.

DIARRHOEAL DISEASES.

The deaths certified in the year 1954-55 as being due to diarrhoea and enteritis numbered 721 (16 European and 705 non-European) as compared with 633 (10 European and 623 non-European) in the previous year. The corresponding death rate was 0·08 for Europeans and 2·46 for non-Europeans.

The deaths from diarrhoeal diseases for the year 1954-55 were classified as follows:—

Int. Code No.	Disease	European	Non-European	All races
571, 764	Gastro-enteritis and colitis, including diarrhoea of the newborn	16	705	721
572	Chronic enteritis and ulcerative colitis . .	3	—	3
043	Cholera	—	—	—
045	Dysentery, bacillary	1	5	6
046	Dysentery, amoebic	1	2	3
047–048	Dysentery, other forms	1	2	3
	Total . .	22	714	736
	Diarrhoeal death rate per 1,000 population	0·12	2·49	1·54

Of the 705 non-European deaths from diarrhoea and enteritis in the year, 247 occurred in Ward 8 (including 198 in the district of Windermere), 132 in Ward 10, 101 in Ward 15, 65 in Ward 5, 47 in Ward 6 and 113 in the rest of Cape Town. Ninety eight per cent of the deaths were under 5 years of age, i.e. 0-1 year (481), 1-2 years (178), and 2-5 years (32).

The non-European mortality rate from diarrhoea and enteritis in the year 1954–55 was 30·8 times as great as that for Europeans. In children under one year of age, the non-European mortality rate from diarrhoea and enteritis per 1,000 live births was 25·2 times as great as that for Europeans. (See Table L on page 99.)

The number of deaths in the year under review was 12·0 per cent above the average for the last five years, and this disease continues as the principal cause of death amongst the non-Europeans.

In the following table the mortality figures from this disease in infants under one year of age are classified for race and sex over a period of years. It will be seen that the mortality is greater among the males.

Year.	Diarrhoea and Enteritis.					
	European.		Non-European.		All races.	
	Male.	Female.	Male.	Female.	Male.	Female.
1947–48	9	6	151	110	160	116
1948–49	8	5	171	134	179	139
1949–50	10	5	155	111	165	116
1950–51	9	5	197	184	206	189
1951–52	7	2	211	206	218	208
1952–53	4	3	236	204	240	207
1953–54	1	5	222	209	223	214
1954–55	4	2	255	226	259	228

The seasonal character of diarrhoea and enteritis is shown in Table C on page 89.

CANCER.

In accordance with the new International Classification List of Causes of Death, this disease now appears as malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues.

The number of deaths certified during the year 1954-55 as being due to cancer was 492 (288 European and 204 non-European) compared with 524 (307 European and 217 non-European) for the previous year.

The deaths from cancer registered during the year and the corresponding rates are classified in the following table according to the parts of the body affected. Half the total of 492 deaths were caused from malignant neoplasms of the digestive and respiratory organs.

Int. Code No.	Parts affected.	European		Non-European		All races	
		Deaths	Rate	Deaths	Rate	Deaths	Rate
140–148	Malignant neoplasm of buccal cavity and pharynx	10	0·05	2	0·01	12	0·03
150	Malignant neoplasm of oesophagus ..	9	0·05	8	0·03	17	0·04
151	Malignant neoplasm of stomach	52	0·27	55	0·19	107	0·22
152–153	Malignant neoplasm of intestine	27	0·14	15	0·05	42	0·09
154	Malignant neoplasm of rectum	7	0·04	6	0·02	13	0·03
161	Malignant neoplasm of larynx	4	0·02	1	0·01	5	0·01
162–163	Malignant neoplasm of trachea and bronchus of lung	36	0·19	15	0·05	51	0·11
170	Malignant neoplasm of breast	34	0·18	11	0·04	45	0·09
171–172	Malignant neoplasm of cervix uteri ..	8	0·04	22	0·08	30	0·06
173	Malignant neoplasm of other parts of uteri	—	—	1	—	1	—
177	Malignant neoplasm of prostate	17	0·09	7	0·02	24	0·05
190–191	Malignant neoplasm of skin	2	0·01	—	—	2	—
196–197	Malignant neoplasm of bone and connective tissue	3	0·02	3	0·01	6	0·01
155–160 164–165 174–176 178–181 192–195 198–199	Malignant neoplasm of other and unspecified sites	21	0·11	17	0·06	38	0·08
200–205	Neoplasms of lymphatic and haematopoietic tissues	58	0·30	41	0·14	99	0·21
	Total ..	288	1·51	204	0·71	492	1·03

Note:—The figures in the above table are based on the 1948 International Classification List, which differs from the 1938 classification list (code No. 100-119.) The main difference is the inclusion of Hodgkin's disease and leukaemia and aleukaemia in the new cancer group.

Other statistics concerning malignant mortality are shown in tables A to D, on pages 76 to 91.

SECTION VI.—TUBERCULOSIS.

(Prepared by Dr. W. L. Hoole, Tuberculosis Officer).

The new cases of this disease reported in the year 1954-55, corrected for misdiagnosis and imported cases, numbered 2,049. They are classified in Table A, where the corresponding incidence rates are also shown:—

Table A.

Race.	Sex.	Notified cases.			Incidence rates.		
		Pulmonary.	Other forms.	All forms.	Pulmonary.	Other forms.	All forms.
European	Male	126	15	141	1·39	0·16	1·55
	Female ..	72	8	80	0·72	0·08	0·80
	Total ..	198	23	221	1·04	0·12	1·16
Non-European ..	Male	857	112	969	6·07	0·79	6·86
	Female ..	743	116	859	5·07	0·79	5·86
	Total ..	1,600	228	1,828	5·56	0·79	6·35
All races	Male	983	127	1,110	4·23	0·55	4·78
	Female ..	815	124	939	3·30	0·50	3·80
	Total ..	1,798	251	2,049	3·76	0·52	4·28

The deaths from tuberculosis and the corresponding death rates are shown in Table B (corrected for outward transfers):—

TABLE B.

Race.	Sex.	Deaths.			Death rates		
		Pul-monary.	Other forms.	All forms.	Pul-monary.	Other forms.	All forms.
European	Male	24	4	28	0·27	0·04	0·31
	Female	3	1	4	0·03	0·01	0·04
	Total	27	5	32	0·14	0·03	0·17
Coloured	Male	131	32	163	1·15	0·28	1·43
	Female	81	37	118	0·62	0·29	0·91
	Total	212	69	281	0·87	0·28	1·15
Native (not Langa)	Male	35	9	44	1·54	0·40	1·94
	Female	10	10	20	0·76	0·76	1·52
	Total	45	19	64	1·25	0·53	1·78
Asiatic	Male	2	—	2	0·46	—	0·46
	Female	1	—	1	0·34	—	0·34
	Total	3	—	3	0·41	—	0·41
All Non-European	Male	168	41	209	1·19	0·29	1·48
	Female	92	47	139	0·63	0·32	0·95
	Total	260	88	348	0·90	0·31	1·21
All races	Male	192	45	237	0·83	0·19	1·02
	Female	95	48	143	0·39	0·19	0·58
	Total	287	93	380	0·60	0·20	0·80
Native (Langa)	Male	12	1	13	1·37	0·11	1·48
	Female	2	1	3	0·60	0·30	0·90
	Total	14	2	16	1·16	0·16	1·32

NOTIFICATIONS.

There was a decrease of 16 in the number of persons found during the year to be suffering from tuberculosis in all its forms compared with the previous year, and the total was closely approximate to that for the year 1951-52. The total population of Cape Town is now estimated at 478,840.

The slightly lower incidence of tuberculosis occurred in both pulmonary and non-pulmonary forms of the disease, being 1·6 per cent and 16·1 per cent respectively less than last year. The European decrease in all forms of tuberculosis (population 191,020) was 14·7 per cent. Among non-Europeans (population 287,820) the decrease was 3·4 per cent. In particular, the incidence of pulmonary disease decreased in Europeans by 17·5 per cent and in non-Europeans by 0·5 per cent. The non-European decrease in other forms of tuberculosis was 19·4 per cent. The only groups in which increased incidence occurred this year were non-European female, which showed a 3·0 per cent increase of pulmonary tuberculosis, and European male, where non-pulmonary tuberculosis was 45·5 per cent above last year. Owing to the small numbers involved in the latter groups this is of reduced significance.

In Cape Town the usual preponderance of males over females in the incidence of European pulmonary tuberculosis is exaggerated and this exaggeration is increasing (see Table D). The proportion of females to 100 males notified was 62 last year and 52 this year.

Amongst non-Europeans this preponderance is small and has become smaller: the proportion of females to 100 newly notified males was 78 last year and 84 this year.

It is not entirely idle to conjecture the causes of the comparative freedom of European women from tuberculosis and of the contrast among non-European women. The situation suggests that the hazards and stresses conducive to the acquisition of tuberculosis are reduced among European women by the provision of immediate isolation from infectious relatives whom they are thereby released from nursing, and by the disposition at work where the European preference is for offices and shops rather than for factories: On the other hand, among the non-Europeans the adversities such as exposure and fatigue are greater and more equally shared among the sexes.

The incidence of pulmonary tuberculosis in a non-European population of 288,000 fell only from 559 to 556 per 100,000. This lack of headway against the disease was offset by a less sluggish fall in the incidence of non-pulmonary forms in this group and in the significant fall in pulmonary tuberculosis amongst Europeans. By this fractional margin (a shorthead) it is possible to report the continuation of the new trend in tuberculosis which in Cape Town began last year when for the first time the incidence rate fell in conformity with the death rate which had been falling every year since 1948.

It should be noted that the small and superficially reassuring pro-rata gains are due to the increase in the population, the actual number of new non-European cases of pulmonary tuberculosis has increased —1,600 compared to 1,537. This increase has occurred in the only form that matters in the field of prevention: it would be misleading to refrain from repeating that the basic error is the failure to isolate the infectious case, this deficiency particularly applies to Native men who are more often infectious when first discovered and who still have a determined reluctance to use the relatively limited accommodation in hospital.

Cape Town has shared, in small degree, the world-wide improvement in mortality, and the current fall in morbidity from the very high figures of the recent past should be accepted as an encouraging pointer to the guaranteed results of a determined civic effort to benefit from the splendidly augmented methods now available to us and so highly successful elsewhere.

From an area in Northern Sweden, with a population of over 200,000 there comes a report that the mortality from all forms of tuberculosis in the decade 1944-54, was reduced from 107 (which was described as very high) to 16 per 100,000. In the same period Cape Town reduced these fatalities from 391 to 115 per 100,000. Although strict comparisons cannot be applied, further statistics reveal similar successes attained in the reduction of morbidity in other areas.

New cases of respiratory tuberculosis, rate per 100,000:—

	England	*Scotland*	*Glasgow*	*Cape Town*	*Durban*	*Johannesburg*
1948	102	159	251	445	548	200
1954	84	138	203	382	338	182

In this new era of tuberculosis control it is deplorable that this report should reveal a rising incidence in any group of the population, viz. pulmonary tuberculosis in Coloured females.

The next table shows the distribution of pulmonary tuberculosis according to age. The non-Europeans in Cape Town follow the established pattern, the brunt falls most heavily on women between 15-25 years of age, and less heavily on men between the ages of 25-35 years.

Comparison with last year's table (not printed here) shows that 90 more children under the age of 5 have been notified as suffering from primary tuberculosis of the lungs. The share of this group in the local notifications is more than a quarter and represents an increase of 24 per cent. Certainly this is not entirely due to a real increase of tuberculosis in the first quinquennium but to an increased interest in and attendance of children at the clinics. This group is however largely responsible for the increase of notifications of pulmonary tuberculosis amongst non-European females, supplying 37 of the excess 54 cases.

NOTIFICATIONS OF PULMONARY TUBERCULOSIS IN NON-EUROPEANS, MALES AND FEMALES, ACCORDING TO AGE GROUP.

1950–1951

Age group	Non-European			
	Male		Female	
	No.	%	No.	%
0–1 year ..	26	3·1	25	3·7
1–2 years ..	49	5·9	41	6·0
2–5 ,, ..	65	7·9	74	11·0
5–10 ,, ..	46	5·6	39	5·8
10–15 ,, ..	18	2·2	24	3·7
15–25 ,, ..	129	15·7	234	34·7
25–35 ,, ..	171	20·8	122	18·1
35–45 ,, ..	154	18·7	57	8·4
45–55 ,, ..	97	11·8	36	5·3
55–65 ,, ..	49	5·9	14	2·0
65–75 ,, ..	19	2·3	7	1·0
75–85 ,, ..	1	0·1	2	0·3
Total	824	100·0	675	100·0

1954—1955

Age group	Non-European			
	Male		Female	
	No.	%	No.	%
0–1 year ..	29	3·4	43	5·8
1–2 years ..	73	8·5	64	8·6
2–5 ,, ..	102	11·9	99	13·3
5–10 ,, ..	71	8·3	57	7·7
10–15 ,, ..	11	1·3	17	2·3
15–25 ,, ..	130	15·2	198	26·6
25–35 ,, ..	157	18·3	131	17·6
35–45 ,, ..	125	14·6	69	9·3
45–55 ,, ..	87	10·2	36	4·8
55–65 , ..	50	5·8	22	3·0
65–75 ,, ..	14	1·6	5	0·7
75–85 ,, ..	8	0·9	2	0·3
Total	857	100·0	743	100·0

TABLE C.

	New cases.				Discovery rates per 1,000 population.			
	Pulmonary		Other forms.		Pulmonary.		Other forms.	
	M.	F.	M.	F.	M.	F.	M.	F.
European:								
Year 1947–48 ..	127	125	10	17	1·46	1·30	0·12	0·18
1948–49 ..	142	97	21	12	1·62	1·01	0·24	0·12
1949–50 ..	154	123	14	13	1·75	1·27	0·16	0·13
1950–51 ..	129	94	16	5	1·46	0·96	0·18	0·05
1951–52 ..	132	101	4	5	1·48	1·03	0·04	0·05
1952–53 ..	139	108	11	9	1·55	1·09	0·12	0·09
1953–54 ..	142	97	10	9	1·57	0·97	0·11	0·09
1954–55 ..	126	72	15	8	1·39	0·72	0·16	0·08
Non-European:								
Year 1947–48 ..	814	675	148	118	8·00	6·35	1·45	1·11
1948–49 ..	892	608	140	116	8·37	5·47	1·31	1·04
1949–50 ..	816	629	140	113	7·31	5·40	1·25	0·97
1950–51 ..	826	675	137	146	7·06	5·54	1·17	1·20
1951–52 ..	886	654	145	132	7·22	5·12	1·18	1·03
1952–53 ..	923	761	131	134	7·18	5·69	1·02	1·00
1953–54 ..	848	689	140	130	6·29	4·92	1·04	0·93
1954–55 ..	857	743	112	116	6·07	5·07	0·79	0·79

TABLE D.

PULMONARY TUBERCULOSIS.

Year ended 30th June.	European.			Non-European.		
	No. of cases notified.	Incidence rate.		No. of cases notified.	Incidence rate.	
		Male.	Female.		Male.	Female.
1941 ..	157	1·02	0·88	883	6·42	4·82
1942 ..	182	1·31	0·90	1,072	7·30	6·00
1943 ..	191	1·31	1·03	1,233	7·96	6·95
1944 ..	223	1·42	1·23	1,706	11·52	8·59
1945 ..	202	1·44	0·91	1,491	10·23	6·95
1946 ..	241	1·42	1·28	1,558	8·88	7·33
1947 ..	251	1·57	0·98	1,507	8·59	6·79
1948 ..	252	1·46	1·30	1,489	8·18	6·55
1949 ..	239	1·62	1·01	1,500	8·67	5·74
1950 ..	277	1·75	1·27	1,445	7·69	5·77
1951 ..	223	1·46	0·96	1,501	7·06	5·56
1952 ..	233	1·48	1·03	1,540	7·23	5·15
1953 ..	247	1·55	1·09	1,684	7·18	5·69
1954 ..	239	1·57	0·97	1,537	6·29	4·92
1955 ..	198	1·39	0·72	1,600	6·07	5·07

The notifications of non-pulmonary tuberculosis still provide an inaccurate assessment of the number of persons who are found to be suffering from this disease, owing to the persistent failure of the hospitals to notify such cases. The total numbers notified are somewhat below last year. Meningeal tuberculosis is probably the only form in the non-pulmonary group to be notified with any accuracy, and there has been a flattering fall from the abnormal number notified during last year (141). Nothing in this report is more gratifying than the fall in this calamitous disease.

TABLE E.

	European.		Non-European.		Total.
	Male.	Female.	Male.	Female.	
Meninges..	4	1	38	48	91
Abdominal*	—	1	4	5	10
Bones and joints	—	—	18	16	34
Glands	4	2	25	18	49
Genito-urinary system..	1	—	2	3	6
Disseminated	4	1	21	21	47
Other organs	2	3	4	5	14
Total	15	8	112	116	251

*Includes tabes mesenterica and tuberculosis of bowels, peritoneum and abdominal or mesenteric glands.

DEATHS.

Far fewer persons resident in the City of Cape Town died from tuberculosis during the year ended 30th June, 1955 than in the previous year, and the mortality rates are the lowest recorded in all race-sex groups, except in European males. No valid comparisons can be made in regard to the very small Asiatic group.

The total deaths from all forms of tuberculosis in the year under review numbered 380 (32 European and 348 non-European), compared with 531, 591 and 788 in the previous three years. The mortality rate for all races in 1954-55 was 80 per 100,000 of the population as against 115, 129 and 181 in the previous three years. Compared with the death rate for last year it shows a decrease of 30·4 per cent, comparable only to the fall of nearly 29 per cent reported for the year 1952-53. For the first time the all-in mortality rate per 1,000 is below unity, a target which few of the larger English cities had reached 20 years ago.

The death rates per 1,000 population from pulmonary and non-pulmonary tuberculosis, (corrected for outward transfers) are shown below for each racial group during the past 5 years.

TABLE F.

Race.	Pulmonary tuberculosis.					Tuberculosis, other forms.				
	1954–55	1953–54	1952–53	1951–52	1950–51	1954–55	1953–54	1952–53	1951–52	1950–51
European	0·14	0·20	0·17	0·24	0·39	0·03	0·04	0·04	0·03	0·07
Coloured	0·87	1·35	1·64	2·42	2·68	0·28	0·42	0·37	0·46	0·73
Native	1·25	1·72	2·20	3·41	3·80	0·53	0·33	0·56	0·71	0·79
Asiatic	0·41	0·14	0·70	0·44	0·74	—	0·14	—	0·29	0·30
Non-European ..	0·90	1·37	1·68	2·49	2·75	0·31	0·40	0·39	0·48	0·72
All races	0·60	0·89	1·05	1·52	1·72	0·19	0·26	0·24	0·29	0·44

Only 32 European persons died of tuberculosis during the year under report, which is 14 fewer than in the previous year. This decrease occurred in both the sexes, more particularly in the pulmonary form of the disease, where there were eight times as many male as female deaths.

The death rates from tuberculosis in all groups, divided as to race and sex similarly show an improvement, impressively greater than last year.

The continued reduction in the fatality rate of the pulmonary form both in the Coloured and the Native groups is this year accompanied by an equally impressive fall in the mortality from non-pulmonary forms in the Coloured people, entirely attributable to the reduced notifications of and deaths from tubercular meningitis.

The reduction in mortality rates from pulmonary tuberculosis in the groups, Coloured males and females and Native males and females (outside Langa) compared to the figures for last year can be measured by the percentage falls of 40 and 26, and 20 and 45. The corresponding percentage falls for last year were 15 and 22, and 18 and 29. The degree of improvement is greatest in Coloured males who after a deplorably late start have improved their position for the third year in succession by an immense annual stride of over 40 per cent, i.e. for every 100 who died last year, only 60 perished this year. The degree of improvement is smallest in Native males, for whom the need of better facilities has already been emphasised.

Experience in Cape Town is contrary to the usual finding that the fall in tuberculosis mortailty has been greatest early in life: whereas in 1944-45 there were 323 deaths in childhood (under 10 years) and only 133 ten years later, the number of deaths between the age of 10 and 35 fell in greater degree, from 402 to 94. Over the age of 55 there was an upward shift.

Owing to the lack of elementary preventive measures, tuberculosis morbidity has been halted only recently and in marked disproportion to the reduction in mortality. There has thus been added to the case register every year an increasing accummulation from this turnover, many in the varying stages of a chronic relapsing disease who must be examined and controlled for many years to come. The number of cases of tuberculosis so registered has risen from 1·1 per cent of the population in 1944-45 to 1·7 per cent in 1954-55. The deaths from non-pulmonary tuberculosis registered during the year are classified below according to the certified cause.

Table G.

	European.		Non-European.		Total.
	Male.	Female.	Male.	Female.	
Tuberculosis, meningeal	2	—	21	32	55
,, abdominal	—	—	1	—	1
,, of bones and joints ..	—	—	2	—	2
,, of genito-urinary system	1	1	1	—	3
,, disseminated	—	—	15	15	30
,, of other organs.. ..	1	—	1	—	2
Total	4	1	41	47	93

The death rates per 1,000 of the population from all forms of tuberculosis (corrected for outward transfers) are shown in the following table for the past 39 years.

Table H.

	Death rate per 1,000 population.		
	European.	Non-European.	All races.
2·8 years ended 30th June, 1916	1·04	4·69	2·82
5 ,, ,, ,, ,, 1921	0·88	4·47	2·53
5 ,, ,, ,, ,, 1926	0·79	4·09	2·28
5 ,, ,, ,, ,, 1931	0·74	4·75	2·62
5 ,, ,, ,, ,, 1936	0·84	4·99	2·82
5 ,, ,, ,, ,, 1941	0·76	4·55	2·62
5 ,, ,, ,, ,, 1946	0·72	6·06	3·45
5 ,, ,, ,, ,, 1951	0·57	4·51	2·71
1 year ended 30th June, 1937	0·55	4·19	2·31
1 ,, ,, ,, ,, 1938	0·86	4·76	2·75
1 ,, ,, ,, ,, 1939	0·79	4·77	2·75
1 ,, ,, ,, ,, 1940	0·72	4·25	2·48
1 ,, ,, ,, ,, 1941	0·77	4·77	2·78
1 ,, ,, ,, ,, 1942	0·73	5·38	3·08
1 ,, ,, ,, ,, 1943	0·68	6·09	3·40
1 ,, ,, ,, ,, 1944	0·73	6·90	3·91
1 ,, ,, ,, ,, 1945	0·73	5·90	3·40
1 ,, ,, ,, ,, 1946	0·74	5·98	3·45
1 ,, ,, ,, ,, 1947	0·71	5·17	3·04
1 ,, ,, ,, ,, 1948	0·66	5·44	3·21
1 ,, ,, ,, ,, 1949	0·45	4·69	2·75
1 ,, ,, ,, ,, 1950	0·57	3·96	2·44
1 ,, ,, ,, ,, 1951	0·46	3·47	2·16
1 ,, ,, ,, ,, 1952	0·26	2·97	1·81
1 ,, ,, ,, ,, 1953	0·21	2·07	1·29
1 ,, ,, ,, ,, 1954	0·24	1·77	1·15
1 ,, ,, ,, ,, 1955	0·17	1·21	0·80

Other particulars will be found in Tables A to E, on pages 77 to 92, Table J, page 97, and Tables L to N, on pages 99 to 101.

The falling death rate can no longer be used as an exact measurement of the efficiency of a tuberculosis programme. The ratio of deaths to every 100 cases notified does however provide some indication of progress.

PROVISION OF TREATMENT.

The in-patient bed accommodation available for pulmonary tuberculosis on 30th June, 1955, included the following:—

At the City Hospital, Portswood Road:

Europeans	75 beds
Non-European females	116 „

At the Brooklyn Chest Hospital: Non-European males 250, children 24, plus a surgical ward to accommodate non-European males 11, and non-European females 11.

At Nelspoort Sanatorium: During the year under report the average monthly number of cases was Europeans 3, non-Europeans 9.

At the Westlake Hospital: The average monthly number of Cape Town cases was 43 (Europeans).

At the Airemount Nursing Home, Rondebosch, 58 beds.

The Sunshine Home for Children at Bellville, a home reserved for tuberculosis contacts, provides accommodation for 60 Europeans and 60 non-Europeans. During the year 89 European and 90 non-European children were admitted, the average length of stay was 257 and 238 days respectively.

Provision for cases of surgical tuberculosis is made in the hospitals of the Cape Provincial Administration, the Maitland Cottage Homes, and the St. Joseph's Home at Philippi.

Particulars of the clinic centres for tuberculosis maintained by the City Health Department are given below.

All X-ray films of patients attending the clinics are taken at the City Hospital. Although the mass-radiography service is housed at the Chapel Street clinic, it can now only cope with its own particular aspect of the diagnostic work, and thus it is no longer possible to arrange for the X-raying of clinic patients there. One of the more urgent needs in the anti-tuberculosis service is the provision of adequate quarters for the mass-radiography service.

During the year the visits made by the health visitors were 2,304 (primary) and 25,732 (total), as compared with 2,368 and 22,277 in the previous year.

ANTI-TUBERCULOSIS CENTRES.

The central building at Chapel Street, Cape Town, near the boundary between central Cape Town and Woodstock, was brought into use on 3rd January, 1941. It comprises waiting room, interviewing room and dispensary, the Care Committee room, an administrative wing, including the Tuberculosis Officer's office, clerical and records office, health visitors' office, staff room and kitchen: and a clinical wing including three clinical rooms, dental room, dark room, dressing cubicles, developing room, and a mass-radiography unit.

There is a second special tuberculosis clinic building at Church Street, Wynberg. Temporary quarters are shared with the venereal disease section at Windermere, where diagnostic work is hampered by the lack of a screening apparatus. The Medical Officer in charge of the Langa Native Hospital has been dealing with tuberculosis at his out-patient clinics, and referring cases to the Chapel Street clinic when necessary.

Following the appointment of a third Tuberculosis Officer in October, 1954, a fourth clinic was opened on the 14th December, 1954, at Athlone, where a substantial house at the periphery of the area was readily adapted to use as a clinic. It has been readily patronised by the women and children of this large area which has been the scene of extensive housing schemes during recent years. The opening of this clinic has been associated with only a small reduction in the attendances at the central clinic formerly used by Athlone residents: there is no doubt that a session for males of the district would be equally well patronised.

Evening sessions continue to be held for the benefit of those patients who have continued or returned to work.

Following the reduced incidence of tuberculosis, the number of persons attending for the first time has also fallen at the three established clinics, but owing to the inauguration of ambulant treatment and to improved follow-up, the total attendances have continued to increase at every clinic. This year the improvement in the systematic use of this particular health service is entirely due to better co-operation of the non-Europeans. This is a most satisfactory feature of the scheme in that the annual total attendances divided as to the two main racial groups are approaching the same proportion as the incidence: in short, when the incidence is six times greater in non-Europeans than in Europeans, the work should logically encompass six times as many of the first group as of the second.

The weekly sessions number 17, viz. 8 at Cape Town (2 for Europeans and 6 for non-Europeans), 4 at Wynberg (1 for Europeans and 3 for non-Europeans) 3 at Windermere for non-Europeans and 2 at Athlone for non-Europeans. In addition there are three sessions held during the month at the central clinic in Chapel Street, in the evening from 5–7 p.m. (1 for Europeans and 2 for non-Europeans). These sessions are conducted by the Tuberculosis Officers and part-time consultants.

During the year there were 43,536 attendances at the clinics and 11,020 persons attended for the first time. Included in these new consultations were 707 persons who were not resident in the municipal area. The attendances at the anti-tuberculosis centres are shown in Table I (page 46) over a period of years.

The European total attendances decreased by 458 and the non-Europeans increased by 4,984.

The number of examinees in the past 17 years total 100,615 of whom 24,560 (24·4 per cent) were found to be suffering from some form of tuberculosis. Theoretically, at the present rate of working, the second 100,000 will be reached in half the time.

In addition to the general clinics a refill session is held weekly for those patients who have been discharged from the Airemount Nursing Home and are still undergoing artificial pneumothorax treatment. There was a total of 154 attendances at this session during the year under report.

Every adult is screened on initial attendance and radioscopy is frequently used to assess progress in established cases. This may reduce expenditure but adds to the difficulties of the clinicians. The total number of screenings at the 3 clinics so equipped numbered 4,616 (Europeans) and 13,422 (non Europeans).

TABLE I.

	New Consultations.						
	1954–55	1953–54	1952–53	1951–52	1950–51	1949–50	1948–49
Cape Town:							
Eur. ..	2,108	2,247	2,476	2,130	1,946	2,044	1,696
Non-Eur. ..	5,162	5,258	5,221	4,514	4,170	3,693	3,539
Total ..	7,270	7,505	7,697	6,644	6,116	5,737	5,235
Wynberg:							
Eur. ..	677	950	1,034	753	740	583	388
Non-Eur. ..	1,801	1,769	1,777	1,755	1,698	1,424	1,317
Total ..	2,478	2,719	2,811	2,508	2,438	2,007	1,705
Windermere:							
Eur. ..	—	—	—	1	—	—	1
Non-Eur. ..	680	760	676	608	516	478	389
Total ..	680	760	676	609	516	478	390
Athlone:							
Eur. ..	—						
Non-Eur. ..	592						
Total ..	592						
Total:							
Eur. ..	2,785	3,197	3,510	2,884	2,686	2,627	2,085
Non-Eur. ..	8,235	7,787	7,674	6,877	6,384	5,595	5,245
Total ..	11,020	10,984	11,184	9,761	9,070	8,222	7,330
	Total Attendances.						
Cape Town:							
Eur. ..	6,155	6,230	5,937	5,325	4,872	4,937	4,430
Non-Eur. ..	21,618	19,405	17,854	15,452	13,922	13,480	12,781
Total ..	27,773	25,635	23,791	20,777	18,794	18,417	17,211
Wynberg:							
Eur. ..	2,093	2,476	2,472	1,879	1,718	1,673	1,348
Non-Eur. ..	7,542	7,043	6,788	5,858	5,671	5,464	5,644
Total ..	9,635	9,519	9,260	7,737	7,389	7,137	6,992
Windermere:							
Eur. ..	—	—	—	1	—	—	1
Non-Eur. ..	4,381	3,856	3,033	2,693	2,099	2,097	1,998
Total ..	4,381	3,856	3,033	2,694	2,099	2,097	1,999
Athlone:							
Eur. ..	—						
Non-Eur. ..	1,747						
Total ..	1,747						
Total:							
Eur. ..	8,248	8,706	8,409	7,205	6,590	6,610	5,779
Non-Eur. ..	35,288	30,304	27,675	24,003	21,692	21,041	20,423
Total ..	43,536	39,010	36,084	31,208	28,282	27,651	26,202

The primary consultations at the clinics during the year are classified in the following table:—

TABLE J.

Persons attending for first time.	European.					Non-European.					All races.
	Adults.		Children.		Total.	Adults.		Children.		Total.	
	M.	F.	M.	F.		M.	F.	M.	F.		
Notified:											
Accepted.. ..	35	22	2	3	62	136	127	90	97	450	512
Observation ..	—	—	—	—	—	1	2	—	2	5	5
Not accepted ..	2	4	—	—	6	5	7	7	5	24	30
	37	26	2	3	68	142	136	97	104	479	547
Suspects:											
Notified	85	48	4	4	141	505	307	147	151	1,110	1,251
Observation ..	9	2	—	1	12	17	10	—	3	30	42
Non-tuberculous	706	803	239	264	2,012	1,467	1,530	515	578	4,090	6,102
	800	853	243	269	2,165	1,989	1,847	662	732	5,230	7,395
Contacts:											
Notified	1	1	8	5	15	7	28	90	87	212	227
Observation ..	—	—	—	—	—	1	1	1	2	5	5
Non-tuberculous	85	200	127	125	537	232	710	619	748	2,309	2,846
	86	201	135	130	552	240	739	710	837	2,526	3,078
Total ..	923	1,080	380	402	2,785	2,371	2,722	1,469	1,673	8,235	11,020

Notified cases.—Of the 547 persons who presented themselves for examination as the result of notification, 30 (5·5 per cent) were found to be non-tuberculous.

Suspects.—This group attended the clinic on the advice of their doctors, their friends, employers or social agencies. An increasing number of persons attended on their own initiative. The 7,395 suspects recorded in the above table is an under-statement of the full primary investigations carried out each year, for there is, after 17 years, a huge accumulation of persons who remain as suspects or contacts in the records kept by this department. Many of these re-attend after a lapse of several years and again require full investigation. These are not listed in the above table.

Contacts.—At present contacts in the adolescent and young adult groups are not being examined in sufficient numbers. The attendance of European adults in this category decreased by 107 and the non-European increased by 28 compared with the previous year. The number of child contacts for all races increased by 243. The total number of 3078 contacts examined represented 810 per 100 deaths.

The incidence of tuberculosis in the European contacts of all ages was 27 per 1,000 whilst the relative figure for non-Europeans was 84 per 1,000.

The danger of an infectious case, known or unknown in the home, is emphasized by comparing the incidence amongst the contacts to the incidence in the general population, where it was 1·16 per 1,000 for Europeans and 6·35 per 1,000 for non-Europeans.

Tubercular meningitis.—In the 91 local cases notified during the year an open case of tuberculosis was known or found to have been living in contact with the patient in 33 cases (i.e. 36·3 per cent). The infecting agents were mainly fathers (6) mothers (8), brothers (6) sisters (2) and other relatives and friends (11).

Laboratory examinations.—The anti-tuberculosis section wishes to acknowledge the co-operation and promptitude with which the Union Health Department provides this service free of cost.

SOURCES OF NOTIFICATION.

The sources of notifications received during the year under report (including imported infections, i.e. those now resident in the Cape Town municipal area and known to have contracted the disease before arrival) were as follows:—

TABLE K.

	Cape Town.	Imported infection.	Langa.	Outside Cape Town cases.	Total.
Private practitioners	721	45	24	6	796
Consultants	2	—	—	2	4
	723	45	24	8	800
Groote Schuur Hospital	253	8	13	47	321
Cape Town Free Dispensary	44	2	—	—	46
Wynberg (Victoria) Hospital	37	—	1	6	44
Woodstock Hospital	12	1	—	1	14
Valkenberg Hospital	7	—	—	2	9
Somerset Hospital	46	3	1	3	53
Medical Students' Clinic	25	1	—	—	26
Other Hospitals and Institutions ..	18	1	—	2	21
	442	16	15	61	534
City Health Department:					
Anti-Tuberculosis centre	388	25	4	2	419
City Hospital	62	5	4	57	128
Brooklyn Hospital	4	—	1	5	10
Langa Native Hospital	—	1	47	1	49
Mass X-ray service	319	21	33	1	374
Maternal and child welfare centres..	61	2	—	—	63
	834	54	89	66	1,043
Port Health Officer	—	—	—	1	1
Immigration Officer	—	—	—	—	—
	—	—	—	1	1
Magistrate, Police and District Surgeons	6	1	1	1	9
From public mortuaries	5	—	—	—	5
	11	1	1	1	14
Transferred from other Local Authorities:					
Cape Divisional Council	30	18	1	79	128
Others	6	10	3	14	33
	36	28	4	93	161
South African Medical Corps	3	—	—	6	9
Total	2,049	144	133*	236	2,562

*Including 11 imported cases of pulmonary tuberculosis.

A study of the origin of notifications emphasizes our dependence on the goodwill of the general practitioners, who provide 31 per cent of the total notifications. Included in the 796 persons so notified are those suspects sent to the clinic by private practitioners, and later found to be suffering from tuberculosis.

The number of notifications from general hospitals has decreased for the first time since the year 1950. This is in keeping with the policy advocated by the City Health Department and the general hospital authorities in order to divert the work of diagnosis to the tuberculosis clinics.

It is claimed that mass or selective miniature radiography intensively applied should provide 25 per cent of the new cases of pulmonary tuberculosis discovered during the year if it is to be regarded as a practical and economic service. The solitary static unit at the Chapel Street clinic provided 352 out of the 1,798 new cases notified during the year i.e. 19·6 per cent.

The following table gives an arbitary analysis of all primary notifications showing the degree and reasons for failure to attend the clinics.

TABLE L.

	Cape Town.	Imported infection.	Langa.	Outside Cape Town.	Total.
Attended clinic	1,674	119	70	20	1,883
Failed to attend	375	25	63	216	679
	2,049	144	133	236	2,562
Failure to attend clinic:					
In hospital	169	10	23	198	400
Hospital out-patients	21	2	7	—	30
Too ill	54	5	7	—	66
Died before notification	20	1	2	—	23
First advice through death registration	58	1	—	18	77
Refusals	11	1	4	—	16
Under private care	11	1	—	—	12
Untraceable	19	2	10	—	31
Decamped on notification	12	2	10	—	24
Total	375	25	63	216	679

The proportion of local notifications who attended the clinic was 82 per cent, and a further 8 per cent were in hospital. The non-attenders included a large proportion of the 251 newly notified cases suffering from non-pulmonary forms of tuberculosis: these cases are not the primary concern of a preventive service and are cared for elsewhere. The high proportion of new cases shown in the analysis to have attended the clinics in search of advice and treatment is therefore an under-measurement of the public esteem which the anti-tuberculosis service has gradually earned and of the increasing enlightenment of those citizens mainly affected by the disease.

As a yardstick of progress, the proportion of notified cases who are too ill to attend or dead before they are brought to official notice, has been recorded through the years. (Table M). There were 132 persons in this category in the total of 2,049 persons notified to be suffering from all forms of tuberculosis, or 6·4 per cent. In 1948 this figure was 20 per cent.

The refusals, the untraceables and the absconders are in a category for which the organisation is more directly responsible. They number 42 or 2·05 per cent of the grand total. In 1948 this figure was, 3·05.

TABLE M.

Period.	Total Cape Town cases notified.	Bedfast on notification.	Percentage of total cases notified.	Dead on notification.	Percentage of total cases notified.
1945–46	2,195	168	7·7	298	13·6
1946–47	2,023	214	10·6	236	11·7
1947–48	2,034	224	11·0	182	9·0
1948–49	2,028	193	9·5	191	9·4
1949–50	2,002	122	6·1	159	7·9
1950–51	2,028	91	4·5	182	9·0
1951–52	2,059	83	4·0	119	5·8
1952–53	2,216	88	3·9	99	4·5
1953–54	2,065	88	4·3	82	4·0
1954–55	2,049	54	2·6	78	3·8

It should be noted however, that this percentage is an exaggeration of the hazards of infection from hidden cases, in that, of the total number of 132 persons who were bedfast or dead on notification, only 79 were suffering from pulmonary tuberculosis.

The 101 cases of pulmonary tuberculosis notified after death or within one month of death represented 5·6 per cent of the total notifications from the municipal area: the proportion was 15·8 per cent in 1950-51, and 21·5 per cent in 1947.

HOSPITALIZATION.

The proportion of new cases of pulmonary tuberculosis admitted to institutions has increased from 20 to 30 per cent of the total notified cases.

This is an improvement second only in importance to the reduction of tubercular meningitis already reported.

Table N.

	Cape Town.		Langa.		Outside Cape Town cases.
	Local.	Imported infection.	Local.	Imported infection.	
New pulmonary cases notified during the year	1,798	136	109	10	154
Known to have had T.B. positive sputum	329	32	15	3	27
New pulmonary cases admitted to institutions for treatment of tuberculosis	556	24	32	4	154
Proportion of new cases admitted ..	30·0%		30·3%		
Died before receipt of notification ..	64	4	4	—	9
Died within 1 month of notification ..	37	—	4	1	5
,, 1 to 3 months of notification	31	2	3	—	—
,, 3 to 6 months of notification	15	—	—	—	—

Outside Cape Town cases—Cases admitted to the City Hospital or other hospitals from outside the Municipal area.

The total number of Cape Town cases of pulmonary tuberculosis admitted to institutions during the year was 1,170 compared to 1,023 last year.

Table O.

	European.		Non-European.		Total.
	Males.	Females.	Males.	Females.	
City Hospital, Cape Town	48	69	52	203	372
Brooklyn Hospital, Cape Town	—	—	212	81	293
Brewelskloof Sanatorium, Worcester ..	4	2	—	—	6
Cape F.O.S.A. Settlement, Cape Town ..	—	—	36	12	48
Dr. Stals Memorial Hospital, Retreat ..	—	—	24	259	283
Elizabeth Donkin Hospital, Port Elizabeth	—	1	—	—	1
Erica Nursing Home, Germiston	1	—	—	—	1
Fort Grey Hospital..	—	—	—	1	1
Infectious Diseases Hospital, Kimberley..	—	—	—	1	1
King George V Hospital, Durban.. ..	1	—	—	2	3
Lilleshall Farm Hostel, Rosetta	1	3	—	—	4
McVicar Hospital, Alice	—	—	1	—	1
Mossel Bay I.D. Hospital	—	—	—	1	1
Military Hospital, Wynberg	—	—	2	—	2
Nama Hospital, Springbok	—	—	—	1	1
Nelspoort Sanatorium	6	1	26	4	37
Oaktree Hospital, Krugersdorp	1	1	—	—	2
Princess Nursing Home, Johannesburg ..	—	1	—	—	1
Rietfontein Tuberculosis Hospital ..	—	—	1	—	1
St. Matthews Hospital, Kieskamahoek ..	—	—	1	—	1
Stellenbosch Sanatorium	1	—	—	—	1
Tembuland Hospital, Umtata	—	—	12	1	13
Umlali Mission Hospital, Sterkspruit ..	—	—	1	—	1
Wentworth Hospital, Durban	2	2	—	—	4
West End Hospital, Kimberley	—	—	5	4	9
Westlake Hospital, Retreat	41	41	—	—	82
	106	121	373	570	1,170

Nelspoort Sanatorium.

The Nelspoort Sanatorium is on the Karroo at an elevation of about 3,260 feet above sea level, and on the main railway line at a distance of 371 miles from Cape Town. It is a Union Government institution and there is an advisory committee, which includes the Mayor, the Town Clerk and the Medical Officer of Health of Cape Town. During the year 30th June, 1955, there were 37 admissions of Cape Town municipal patients.

The average daily number of Cape Town municipal patients in the Sanatorium during the year under report was 3 Europeans and 9 non-Europeans.

The institution originated through the munificence of a leading Cape Town citizen over 30 years ago and played a sterling part in Cape Town's early fight against tuberculosis. Four years ago our daily beds numbered 35 and 23 and it is hoped that after reorganization at the Sanatorium these numbers will be restored to our use.

AIREMOUNT NURSING HOME.

Since August, 1946, European cases of pulmonary tuberculosis have been admitted to this institution, which after some vicissitudes is now a popular and successful unit under the care of the deputy Tuberculosis Officer and the Matron-Proprietress.

During the year under review 81 Cape Town patients were admitted. In addition 13 cases were admitted from areas of other local authorities (including the Cape Divisional area).

The following table shows the number of patients admitted during the year, arranged in age-groups and area from which the patients were admitted:—

TABLE P.

Area.	Under 20 Years.	20—30 Years.	30—40 Years.	40—50 Years.	50—60 Years.	60 years and over.	Total.	Died.
Cape Town Municipal Area: European	8	19	13	14	17	10	81	—
Cape Divisional Council Area: European	—	—	1	—	1	2	4	—
Other Local Authorities: European	—	—	2	2	2	3	9	—
Total . .	8	19	16	16	20	15	94	—

There remained in the Nursing Home on 30th June, 1955, 42 male patients.

TUBERCULOSIS REGISTER.

The total number of persons known by the Department to be suffering from tuberculosis and to be living in the Cape Town municipal area on 30th June, 1955 was:—

TABLE Q.

DISTRICT (not Wards).	Pulmonary.			Non-pulmonary (chiefly bones and joints).			Total.
	Eur.	Col.	Nat.	Eur.	Col.	Nat.	
Bakoven to Sea Point to Central, Cape Town . .	154	200	48	2	8	—	412
Tamboers Kloof, Gardens, Oranjezicht and Vredehoek	205	367	21	9	27	2	631
Old "District Six"	4	746	27	—	94	4	875
Maitland Garden Village, Kensington, Windermere, Brooklyn and Rugby	131	708	332	4	51	36	1,262
Woodstock, Salt River	147	588	17	12	49	3	816
Observatory, Mowbray, Rosebank, Black River, Hazendal and Bokmakirie	193	315	5	6	30	—	549
Rondebosch, Newlands, Claremont, Kenilworth	169	348	19	3	49	1	589
Lansdowne, Kromboom Est., Hampton Est., Meadows Est., Wynberg, Wittebome . .	192	487	32	7	46	5	769
Plumstead to Clovelly	95	630	91	2	44	7	869
Athlone, to Surrey Est.	3	1,187	81	—	14	1	1,286
Total	1,293	5,576	673	45	412	59	8,058

CARE COMMITTEE FOR TUBERCULOSIS PATIENTS.

The voluntary Care Committee works in close co-operation with the City Health Department. Office and storage accommodation is provided at the municipal anti-tuberculosis centre, and the salary and motor car allowance for the almoner engaged in this work is defrayed by the Local Authority.

The work done during the year 1954-55 is as follows:—

Families helped by payment of rent	184
,, ,, ,, maintenance grants.	86
,, ,, ,, rent and maintenance grants	81
,, ,, ,, payment of foster-mothers	6
,, ,, ,, provision of clothing and blankets	134
No. of articles of clothing distributed	540
No. of blankets distributed	61
Almoner:	
Visits paid	1,010
Interviews given	1,395
New cases	233

Creche. Seventy children attend the creche daily. These little ones are the children of tuberculous patients, but who themselves show no signs as yet of the disease. The Committee's object is to keep the children in healthy surroundings while the parents are hospitalized or obliged to augment the family income.

MASS RADIOGRAPHY SERVICE.

The mass X-ray service at the tuberculosis clinic, Chapel Street, Cape Town, was made available to the public on 13th April, 1948. The comparative figures of the miniature film examinations made from that date to the end of the year under report, are shown in the following table, classified according to race and sex:—

TABLE R.

Period.	European.		Non-European.		Total.
	Males.	Females.	Males.	Females.	
13th April, 1948, to 30th June, 1948 ..	1,081	712	1,557	1,011	4,361
Year 1948–49	6,420	4,129	7,353	2,500	20,402
,, 1949–50	10,066	7,999	12,869	4,449	35,383
,, 1950–51	12,560	8,784	14,863	6,799	43,006
,, 1951–52	12,046	9,181	16,435	7,981	45,643
,, 1952–53	16,018	12,902	18,343	15,001	62,264
,, 1953–54	14,394	12,352	19,025	16,326	62,097
,, 1954–55	14,668	10,643	19,839	15,877	61,027

In addition to the 61,027 miniature film examinations made during the year under review, 2,568 large films were taken, as compared with 2,929 in the previous year. The accommodation at the mass X-ray service is proving inadequate to cope with these large attendances.

2,182 persons were recalled for further examination, of these 544 were found to be suffering from active tuberculosis compared with 572 the previous year. This represents 0·89 per cent of the 61,027 miniature films examined during the year under review.

Comparative figures for the incidence of active pulmonary tuberculosis discovered in the various age groups are given in the following table for a series of years:—

TABLE S.

Year.	Race.	Active tuberculosis discovered.										Extra municipal cases (included in foregoing columns).	
		Age-groups.								Total.			
		15–25 years.		25–35 years.		35–45 years.		45 years and over.					
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1948–49	European	6	14	14	3	9	1	8	—	37	18	8	1
	Non-European ..	41	22	54	3	35	—	31	—	161	25	26	1
	All races ..	47	36	68	6	44	1	39	—	198	43	34	2
1949–50	European	16	24	13	13	10	6	7	—	46	43	11	5
	Non-European ..	65	55	98	11	66	12	32	2	261	80	49	11
	All races ..	81	79	111	24	76	18	39	2	307	123	60	16
1950–51	European	7	21	10	3	10	3	13	—	40	27	14	14
	Non-European ..	44	51	106	30	53	3	33	—	236	84	71	22
	All races ..	51	72	116	33	63	6	46	—	276	111	85	36
1951–52	European	15	35	15	18	10	4	14	1	54	58	12	17
	Non-European ..	102	78	141	40	84	12	57	6	384	136	72	23
	All races ..	117	113	156	58	94	16	71	7	438	194	84	40
1952–53	European	14	28	20	26	12	5	14	—	60	59	16	15
	Non-European ..	79	158	123	66	84	18	56	3	342	245	87	52
	All races ..	93	186	143	92	96	23	70	3	402	304	103	67
1953–54	European	13	17	13	12	15	6	17	—	58	35	15	5
	Non-European ..	94	125	83	64	74	17	19	3	270	209	75	33
	All races ..	107	142	96	76	89	23	36	3	328	244	90	38
1954–55	European	13	14	22	15	14	2	14	2	63	33	15	9
	Non-European ..	79	82	110	69	53	15	34	6	276	172	85	23
	All races ..	92	96	132	84	67	17	48	8	339	205	100	32

Of the 544 new cases of pulmonary tuberculosis discovered, 83 were previously known to the staff of the anti-tuberculosis clinic. A very high proportion of these cases denied having any symptoms and maintained that they were in a very good state of health and well able to carry on with their work.

Owing to the great demand for hospital accommodation it was found possible to admit to hospital only 58 of the 412 new Cape Town cases of active tuberculosis discovered at the mass X-ray service during the year under review. In the previous year, it was possible to admit to hospital 83 of the 444 Cape Town cases so discovered.

Fortunately this method of diagnosis reveals the comparatively early and minimal tuberculosis lesion so that treatment in their own homes more often than not suffices.

Cases desiring private medical treatment were referred to their own medical practitioners with full reports.

Although the mass X-ray service is primarily for Cape Town residents a fair proportion of residents outside the city were X-rayed because they were employed within the Cape Town municipal area. In the year under review, 132 extra-municipal cases of tuberculosis were discovered, compared with 128 the previous year. These extra-municipal cases were referred for treatment to the local authority concerned.

With the existing accommodation, the present total attendances cannot be exceeded and groups must therefore be logically selected in keeping with the known incidence rates. The range is wide but the aim is poor. If, in Europeans, a male stands twice as great a chance of acquiring tuberculosis as a female, the males should attend in double numbers. Similarly, as the incidence rate for the non-Europeans is six times that of the Europeans, this group should attend the mass X-ray sessions in far greater numbers than they do. Selection should also be applied to age and occupation: European children from 5 to 15 years of age are, as a group, markedly unprofitable, but examination of the aged and destitute would uncover many unrecognized infectious cases. Occupations under special hazards or with high incidence or involving close contact with children should receive more attention than is the case at present.

SECTION VII.—VENEREAL DISEASES.

(Prepared by Dr. L. I. Cohen, Venereal Disease Officer.)

The year under review (1954-55) shows a reduction by 173 of new cases attending the Municipal Treatment Centres as compared with similar cases registered for 1953-54, (viz. 3,705 as against 3,878 for the previous year).

392 European new cases were registered during the year as against 356 for the previous year (an increase of 36), while the non-European new patients amounted to 3,313 as against 3,522 for the previous year (a drop of 209). The above figures show no appreciable change as compared with the previous year.

The total attendances numbered 16,685; (1,449 Europeans and 15,236 non-Europeans) as compared with 20,928 in 1953-54, 37,034 in 1952-53, and 48,386 in 1951-52.

The number of new cases of syphilis (all forms) has once more shown a drop (874 as against 1,027 for 1953-54) while cases of congenital syphilis recorded were 51 as against 68 for the previous year.

Table I.

	1954–55		1953–54	
	New cases.	Incidence rate.	New cases.	Incidence rate.
Race:				
European	392	2·1	356	1·9
Non-European	3,313	11·0	3,522	12·3
Sex:				
Male	2,785	11·6	2,747	11·8
Female	920	3·7	1,131	4·7
Disease:				
Syphilis	823	1·7	959	2·0
Syphilis, congenital	51	0·1	68	0·1
Gonorrhoea	2,117	4·3	1,876	3·9
Other venereal diseases	217	0·4	76	0·2
Non- venereal diseases	448	0·9	726	1·5
Undiagnosed	49	0·1	173	0·4
All new cases	3,705	7·5	3,878	8·1

The true incidence rate for diagnosed cases of venereal disease for the year 1954-55, that is the rate obtained by omitting those cases found not to have venereal disease and those remaining undiagnosed was 6·5 per 1,000 population (1·4 European and 9·8 non-European). Last year the true incidence rates were 6·3, 1·1 and 9·7 respectively.

It should be noted that these rates are based on the number of individuals treated for venereal disease at the municipal treatment centres only. As this disease is not notifiable, there is no record of the number of persons being treated by private practitioners or by other institutions.

A record of new cases of venereal disease and the incidence rates for the Municipality of Cape Town are set out in the following table for a series of years:—

Table II.

Year ended 30th June.	Total new cases.*	Population (including Langa Native Township).	Incidence rate per 1,000 population.
1945	3,591	366,854	9·8
1946	4,854	377,344	12·9
1947	5,318	390,539	13·6
1948	4,733	401,084	11·8
1949	4,891	412,613	11·9
1950	4,461	424,207	10·5
1951	3,982	436,357	9·1
1952	3,317	448,569	7·4
1953	3,254	461,811	7·0
1954	2,979	476,601	6·3
1955	3,208	490,992	6·5

*Excluding non-venereal and undiagnosed cases.

In Table III a detailed analysis of all new cases registered in the year 1954-55 is presented. The classification follows that advocated by the Union Health Department for compilation of Union statistics.

TABLE III.

Disease.	New cases.					Total attendances.				
	European.		Non-European.		Total.	European.		Non-European.		Total.
	Male.	Female.	Male.	Female.		Male.	Female.	Male.	Female.	
1. Seronegative primary syphilis	2	—	43	1	46	21	—	246	15	282
2. Seropositive primary syphilis	6	—	85	6	97	36	2	459	30	527
3. Secondary syphilis . .	3	1	66	97	167	34	8	408	497	947
4. Tertiary syphilis (1)	2	—	25	29	56	21	36	313	233	603
5. Endosyphilis (2) . .	2	11	59	372	444	16	59	663	1,848	2,586
6. Neurosyphilis . .	—	—	12	1	13	21	1	174	20	216
	15	12	290	506	823	149	106	2,263	2,643	5,161
7. Congenital syphilis (under 1 year) . .	—	—	2	19	21	11	—	18	100	129
8. Congenital syphilis (over 1 year) . .	1	—	3	26	30	15	11	75	256	357
Total syphilis . .	16	12	295	551	874	175	117	2,356	2,999	5,647
9. Gonorrhoca . .	175	12	1,840	76	2,103	484	33	6,483	281	7,281
10. Gonococcal vulvovaginitis	—	—	—	14	14	—	—	—	40	40
11. Gonococcal ophthalmia	—	—	—	—	—	—	—	—	—	—
Total gonorrhoeal infections . .	175	12	1,840	90	2,117	484	33	6,483	321	7,321
12. Ulcus molle . .	6	—	50	6	62	13	—	103	12	128
13. Lymphopathia venereum	—	—	—	—	—	—	—	—	—	—
14. Granuoma v enercum	—	—	—	—	—	—	—	—	—	—
15. Venereal warts . .	—	—	1	—	1	—	—	1	—	1
16. Phagedaena	—	—	—	—	—	—	—	—	—	—
17. Non-gonococcal urethritis	46	1	45	46	138	78	2	71	81	232
18. Reiters syndrome . .	1	—	15	—	16	1	—	13	—	14
Total venereal diseases . .	244	25	2,246	693	3,208	751	152	9,027	3,413	13,343
19. Non-venereal disease	107	8	160	173	448	237	18	289	356	900
20. Undiagnosed . .	5	3	23	18	49	243	48	1,110	1,041	2,442
Grand Total . .	356	36	2,429	884	3,705	1,231	218	10,426	4,810	16,685

(1) Clinically recognizable.
(2) Diagnosed on result of serological test alone.

The following table is designed to show the number of new cases registered at the Municipal Treatment Centres over a period of seven years classified according to disease, race and sex. It will be seen from this table that the reduction in the number of cases of syphilis (all forms) continues its downward trend. The figures for congenital syphilis in the year 1954-55 compared with those of 1948-49 show a decrease of 91·6 per cent (93·3 Europeans and 91·6 non-Europeans) and the figures for other forms of syphilis a decrease of 70·4 per cent (85·2 per cent for Europeans and 69·4 per cent for non-Europeans). The figures for gonorrhoea show an increase of 52·9 per cent, a decrease of 34·6 per cent in Europeans and an increase of 75·6 per cent in non-Europeans.

TABLE IV.

Year.	New cases.																				Total.
	Syphilis, congenital.				Syphilis, other forms.				Gonorrhoeal infections.				Other venereal diseases.				Non-venereal diseases and undiagnosed cases.				
	E.		C.		E.		C.		E.		C.		E.		C.		E.		C.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1948–49	1	14	90	502	111	71	777	1,820	245	41	949	150	17	—	99	4	201	30	314	416	5,852
1949–50	5	5	149	338	96	25	809	1,479	167	12	1,141	146	15	—	61	13	109	13	298	301	5,182
1950–51	—	11	72	261	62	41	794	1,227	170	21	1,192	75	4	—	51	1	92	11	331	259	4,675
1951–52	3	4	38	76	33	21	632	879	151	24	1,246	137	6	—	65	2	120	35	329	471	4,272
1952–53	2	5	24	41	22	9	563	530	164	7	1,683	104	10	—	89	1	115	33	330	405	4,137
1953–54	2	1	17	48	11	18	345	585	158	15	1,630	73	6	—	66	4	125	20	387	367	3,878
1954–55	1	—	5	45	15	12	290	506	175	12	1,840	90	53	1	111	52	112	11	183	191	3,705

Comparing new cases for the year 1948-49 with that of the year 1954-55, the number of Europeans decreased by 46·4 per cent (38·1 for males and 76·9 for females). Amongst non-Europeans there was a decrease of 35·3 per cent (an increase of 9·0 per cent in males and a decrease of 69·4 per cent in females).

In the case of non-European males, an increase again occurred for new cases of gonorrhoea.

MUNICIPAL TREATMENT CENTRES.

Four municipal treatment centres continue to function for free advice and treatment of venereal disease, namely, at the City Hospital, Salt River, Wynberg and Windermere.

During the year under review 26 medical sessions (7 European and 19 non-European) were held each week.

Table V gives the number of new cases registered at the various municipal treatment centres in the Municipality of Cape Town together with the number of attendances or consultations given. It should be noted that the treatment centres at the City Hospital, Salt River, and Wynberg have male and female sessions for both Europeans and non-Europeans, and the centre at Windermere have male and female sessions for non-Europeans only.

Table V.

Centre.	New cases.	Attendances.
City Hospital, Portswood Road	1,111	4,221
Salt River	1,506	6,978
Wynberg	594	3,350
Windermere	225	1,273
Pre-natal clinics (at child welfare centres)	269	863
Total	3,705	16,685

HOSPITAL TREATMENT OF VENEREAL DISEASE.

The following classes of venereal diseases are admitted to the venereal diseases wards at the City Hospital.

(*a*) Patients suffering from syphilis in a communicable form (including early congenital syphilis) who are unable to attend a clinic and whose admission to an institution for treatment would be more economical than periodic domiciliary visits by the district surgeon.

(*b*) Complicated cases of gonorrhoea.

(*c*) Advanced cases of tertiary syphilis, e.g. sloughing gummata, whose condition precludes treatment on out-patient lines or admission to a provincial hospital.

Treatment for syphilis is by penicillin only and early infectious syphilitic cases are usually detained in hospital for a period of 7 days, a period now considered sufficient for adequate treatment to be administered. Patients are then referred to one of the clinics for an observation period, during which time tests are carried out on the blood and cerebrospinal fluid to establish the fact of cure. An analysis of the number and type of patients admitted to the wards during the year ended 30th June, 1955, is presented by the following table:—

Table VI.

Disease.	European.		Non-European.		Total.
	Male.	Female.	Male.	Female.	
1. Seronegative primary syphilis	—	—	5	—	5
2. Seropositive primary syphilis	—	—	4	—	4
3. Secondary syphilis	—	—	22	62	84
4. Tertiary syphilis (1)	—	—	1	1	2
5. Endosyphilis (2)	—	—	—	—	—
6. Neurosyphilis	—	—	—	—	—
7. Congenital syphilis (under 1 year)	—	—	—	2	2
8. Congenital syphilis (over 1 year)	—	—	—	1	1
Total syphilis	—	—	32	66	98
9. Gonorrhoea	—	—	8	5	13
10. Gonococcal vulvovaginitis	—	—	—	—	—
11. Gonococcal ophthalmia	—	—	—	—	—
Total gonorrhocal infections	—	—	8	5	13
12. Ulcus molle	—	—	2	—	2
13. Lymphopathia venereum	—	—	—	—	—
14. Granuloma venereum	—	—	—	—	—
15. Venereal warts	—	—	—	—	—
16. Phagedaena	—	—	—	—	—
17. Non-gonococcal urethritis	—	—	—	—	—
18. Reiters syndrome	—	—	—	—	—
Total venereal diseases	—	—	42	71	113
19. Non-venereal disease	—	—	4	2	6
20. Undiagnosed	—	—	—	—	—
Grand total	—	—	46	73	119

(The actual number of individuals was 117 as 2 patients had more than one disease.)

(1) clinically recognizable.

(2) diagnosed on result of serological test only.

VENEREAL DISEASE CONTACTS.

118 contacts were reported to the Medical Officer of Health during the current year, compared with 82 contacts in the previous year. This figure is still far from satisfactory when one considers that the number of cases registered for investigation and treatment was 3,705. The implication is that a large reservoir of undetected venereal disease continues to exist in Cape Town.

The following table shows the number of contacts of patients suffering from venereal diseases in a communicable form reported to the Medical Officer of Health during the year 1954-55.

Table VII.

Number of contacts reported	118
Number of such contacts who reported for examination ..	36
Number of those who attended found to be suffering from a venereal disease	33

During the year under review, nurse/visitors paid 1,147 visits to defaulting female patients and 4,646 letters were sent to defaulting male patients. Twelve patients were referred to the Magistrate under the Public Health Act, five were prosecuted and the remainder were either discharged or reported untraceable.

PATHOLOGICAL EXAMINATIONS.

At all medical sessions microscopic examinations are carried out in order to establish an early diagnosis. In addition serological (Kahn) tests for syphilis are performed twice a week at the City Hospital. The amount of pathological work done at the Venereal Diseases Branch during the year ended 30th June, 1955 is as follows:—

Table VIII.

	Positive.	Negative.	Doubtful.	Total.
Number of dark-ground examinations for Sp. Pall	186	189	—	375
Number of smear examinations for gonococci ..	2,075	139	—	2,214
Number of blood sera tested by Kahn test ..	470	465	50	985

SECTION VIII.—CITY HOSPITALS.

(Prepared by Dr. H. R. Ackermann, M.B., Ch.B., T.D.D., F.C.C.P., Medical Superintendent of Hospitals.)

The city group of hospitals consists of the following institutions:—

(1) The City Hospital for Infectious Diseases, in Portswood Road, Cape Town.
(2) The Brooklyn Hospital for Chest Diseases, at Koeberg Road, Maitland.
(3) Langa Native Hospital, at Langa Native Township.

Each of these institutions will be dealt with in its special section. The staff at these hospitals is shown on page 75.

CITY HOSPITAL FOR INFECTIOUS DISEASES, PORTSWOOD ROAD.

The hospital now provides accommodation for 518 patients. The new block built for venereal diseases was completed in August, 1952. Because the treatment of venereal disease has been revolutionized by the use of penicillin and sulphadiazine it is no longer necessary to admit as many patients to hospital. Consequently, part of this block is used for other infectious diseases and part for venereal diseases Ordinarily, patients suffering from the following diseases can be admitted to the hospital: enteric fever diphtheria, erysipelas, puerperal fever, cerebrospinal fever, acute poliomyelitis, infective encephalitis and scarlet fever. Cases of other infectious diseases are admitted for special medical or social reasons. Accommodation is also provided for cases of pulmonary tuberculosis.

The medical staff at June 30th, 1955, consisted of the medical superintendent, deputy medical superintendent, two resident medical officers and three house physicians. The house physicians, who are temporary, change every six months.

X-Ray Department and Clinical Room.

This department is available not only for in-patients but also for out-patients from this and other hospitals and for cases referred from the tuberculosis clinic. The work done during the year under report is indicated in the following table:—

New cases (not previously attended at the hospital or tuberculosis clinic)	700
Total attendances:	
Out-patients	12,426
In-patients	4,511
Examinations and treatments:	
X-rays	12,867
Miniature X-rays (Odelco)	1,473
Screenings	6,614
Consultations	1,302
Refills	4,601
Mantoux tests	942
Blood sedimentation	170
Bronchograms	63
Tomograms	80
Encephalograms	11
Pyelograms	3
B.C.G.	35
Lumbar punctures	219

Operating Theatre.

The operations performed in the operating theatre for the year were as follows:—

Abscess, breast	2
Abscess, neck	1
Adhesion section	2
Amputation, leg	1
Appendicectomy	5
Bronchoscopy	8
Cholecystectomy	1
Colpotomy	1
Cyst, removal	1
Drainage and curettage	6
E.N.A. and D.C.	1
Evacuation of uterus	1
Hernia and appendicectomy	1
Hysterectomy	3
Nephrectomy (stone)	1
Osteitis opening	1
Laparotomy	1
Multiple fistulae	1
Paronychia	1
Phrenic nerve crush	56
Termination of pregnancy	4
Thoracoscopy	7

Dental Clinic.

The dental officer attends weekly and provides dental attention for tuberculosis in-patients.

During the year under report 168 patients attended for dental treatment. Further details are shown in the table on page 31.

HOSPITAL STATISTICS.

The daily average of beds occupied in the City Hospital, Portswood Road, and Brooklyn Hospital in the year under report was as follows:—

Disease.	From Cape Town Municipality.		From Outside Municipality.	
	European.	Non-European.	European.	Non-European.
Measles	0·9	3·2	0·5	1·8
Acute poliomyelitis	0·7	1·5	1·4	2·7
Cerebrospinal fever	0·4	2·9	0·8	2·4
Diphtheria	4·3	9·2	4·1	9·2
Enteric fever	0·8	8·4	3·3	11·0
Scarlet fever	9·5	3·3	2·2	0·1
Venereal diseases	—	2·1	—	0·6
Whooping cough	0·7	4·7	0·4	2·4
Tuberculosis, pulmonary	64·2	348·0	7·6	79·3
Tuberculosis, other forms	6·3	45·4	3·5	23·7
Other diseases	6·1	13·9	4·5	7·4
Total	93·9	442·6	28·3	140·6

The average daily number of patients in the hospital (exclusive of Brooklyn Hospital) for a series of years is as follows:—

1923–24	1924–25	1925–26	1926–27	1927–28	1928–29
62·9	69·6	107·7	125·5	151·7	156·2
1929–30	1930–31	1931–32	1932–33	1933–34	1934–35
159·1	204·3	238·2	245·3	256·7	263·4
1935–36	1936–37	1937–38	1938–39	1939–40	1940–41
280·2	268·4	267·4	362·3	331·4	330·4
1941–42	1942–43	1943–44	1944–45	1945–46	1946–47
342·3	354·3	354·4	348·4	364·3	340·9
1947–48	1948–49	1949–50	1950–51	1951–52	1952–53
351·7	323·5	332·2	353·8	376·1	411·1
1953–54	1954–55				
404·6	420·5				

Details in regard to cases treated are shown in Tables 1 and 2, on page 60.

BROOKLYN HOSPITAL FOR CHEST DISEASES, KOEBERG ROAD, BROOKLYN.

This institution, with its medical and nursing staff, is under the general supervision of the Medical Superintendent of Hospitals and is dependent on the City Hospital for dispensary and laundry services only.

The hospital accommodation was reduced in the year under review by 5 beds. The total bedstate of this hospital is now as follows:—

Ward A		38
Ward B		38
Ward C		38
Ward D		38
Ward E		36
Ward F		38
Ward 1	(Malay ward)	24
Ward 2	(School-age children)	24
Surgical Ward	(11 male and 11 female)	22
	Total	272 adults and 24 children.

The children under 7 years of age, formerly in Ward 2, were evacuated to the Friends of the Sick Association Settlement and the City Hospital to provide space for additional adult beds.

The average daily number of in-patients in the hospital for a series of years is as follows:—

1947–48	1948–49	1949–50	1950–51	1951–52	1952–53	1953–54	1954–55
169·2	193·5	252·9	270·6	271·1	295·1	291·5	284·9

Details in regard to patients treated during the year are shown in Tables 3 and 4 on page 61.

Treatment of Patients.

The routine graded rest/exercise regime has been continued as the basis of successful treatment.

During August, the occupational therapy workshop was closed as there were not enough suitable patients in hospital to justify the expenditure involved. The work of this department has been taken over by the FOSA Settlement at Philippi.

Bed patients are given diversional therapy and a highly successful exhibition of their work was held.

The trend during the year has been to rely more upon the proven antibiotics than upon collapse therapy, as is shown by the drop in pneumo-peritoneum inductions from 92 last year to 57 this year The surgical trend has been towards a rise in the number of lobectomies, segmental resections and pneumonectomies, with a sharp drop in the number of thoracoplastics.

Both major and minor surgical procedures, as shown in the table below, are carried out in this hospital.

Development of Hospital Grounds.

Between September and January a 6-foot security fence enclosing about two-thirds of the hospital grounds was completed. In December, the septic tank sewage system which served the older part of the hospital was diverted into the modern section, and the problem of daily cleaning of the septic tank is now a thing of the past. During May, a start was made on the air-conditioning plant for the theatre block, and on the extension of the dining room and lounges to the non-European Nurses' Home.

Operating Theatre.

The following operations were performed in the operating theatre during the year:—

Major Surgery	
Appendicectomy	3
Bronchoscopy under G.A.	2
Decortication	5
Decortication and closure of fistula	1
Excision of mediastinal glands	1
Fistula	1
Intubation with rib resection	1
Mastoidectomy	1
Lobectomy	46
Nephrectomy	1
Pneumonectomy	17
Post operation haemorrhage	1
Segmental resection	6
Thoracoplasty	26
Thyroidectomy	1

Minor Surgery	
Bronchograms under G.A.	1
Bronchoscopy	20
Catheterization under G.A.	1
Cystoscopy under G.A.	1
Insertion of tube	1
Intubation	1
Oesophagoscopy	1
P.O.P. under G.A.	1
Phrenic crush	31
Protoscopy	1
Reduction and repair of strangulated hernia	1
Removal of plantar wart	1
Removal of aural polyp	1
Removal of mixed-salivary tumour	1
Removal of axillary gland	1
Repair of anal fistula	1
Re-suture of chest wound	2
Right herniorraphy	1
Secondary sutures	1
Tonsillectomy, adenoids and antrim lavage	1

X-Ray Department and Clinical Room.

The work done at this department during the year is indicated in the following table:

X-ray Department:

	Skiagrams	*Orthopaedic*	*Other*
In-patients	2,513	55	5
Out-patients	1,666	4	—
Staff	573	11	—
	4,752	70	5

Examinations and treatment:

Aspirations—chest	133
,, —paracentesis	1
,, —knee	2
,, —abdominal	1
Blood sedimentations	318
Bronchograms	95
Barium swallow	1
Consultations	292
Cholecystogram	1
Examinations	54
Inductions A.P.P.	57
,, A.P.T.	2
Intra-venous pyelogram	4
Lumbar punctures	125
Mantoux tests	70
Refills A.P.T.	161
,, A.P.P.	6,855
Screenings	6,963
Special injections	13
Sick parade	212

Dental Clinic.

Total attendances.	Extractions (persons).
167	107

AMBULANCE AND DISINFECTING STATION.

This is situated in the grounds of the City Hospital, Portswood Road. There is garage accommodation, in which are housed (besides other departmental cars) three ambulances for the removal of cases of infectious disease, two vans for the transport of infectious and disinfected bedding, and one van for the distribution of supplies to the municipal hospitals and clinics.

The disinfecting station contains two Washington-Lyon pressure steam disinfectors and a formalin fumigating chamber.

The ambulance and disinfecting service is staffed by the ambulance officer, disinfection officer, five motor drivers and two labourers. This staff is also responsible for the disinfecting of houses and other premises for infectious diseases and other conditions. A fitter, assisted by a boiler attendant and labourer is in charge of the disinfecting station and supervises the machinery of the hospital laundry. The disinfection of bedding, etc., for both the hospitals is also done at the disinfecting station.

The work done during the year by the ambulance and disinfecting service is indicated by the following figures:—

Ambulance journeys (return).		Premises disinfected.	
To City Hospital.	To other hospitals or premises.	For tuberculosis.	For other infectious diseases.
1,814	309	516	902

The distance covered during the year by the vans and ambulances was 86,262 miles.

SCABIES AND PEDICULOSIS.

(Cleansing Station).

The cleansing station at 15 Cowley Street, Cape Town, is provided for the disinfestation of verminous persons and their clothing. It is in the charge of a superintendent, who works under the supervision of a medical officer, and has two non-European assistants. The work consists mainly of the treatment of scabies, which is more prevalent in Cape Town than pediculosis.

The attendances in the year under report were as follows:—

Persons.	First attendances.					Total attendances.				
	Scabies.	Impetigo.	Body lice.	Head lice only.	Total.	Scabies.	Impetigo.	Body lice.	Head lice only.	Total.
Children under 16 years of age:										
European boys.. ..	3	—	—	1	4	11	—	—	2	13
European girls.. ..	9	—	—	27	36	26	—	—	29	55
Non-European boys ..	137	134	10	3	284	397	683	62	3	1,145
Non-European girls ..	146	190	3	141	480	430	1,276	31	282	2,019
Total children ..	295	324	13	172	804	864	1,959	93	316	3,232
Adults:										
European males ..	2	1	—	—	3	5	2	—	—	7
European females ..	1	—	2	9	12	3	—	5	9	17
Non-European males ..	26	2	3	—	31	58	6	4	—	68
Non-European females	34	4	1	9	48	90	15	1	30	136
Total adults ..	63	7	6	18	94	156	23	10	39	228
Total persons:										
European	15	1	2	37	55	44	2	5	40	91
Non-European.. ..	343	330	17	153	843	976	1,980	98	315	3,369
All races	358	331	19	190	898	1,020	1,982	103	355	3,460

N.B.—Some of the cases of scabies were infested also with lice.

LANGA NATIVE HOSPITAL.

At Langa Native Township the Native residents are provided with free medical attention at a hospital with 30 beds and out-patient department, and are visited in their own homes by a nurse or medical officer if required. They are also provided on the same lines as the rest of the Municipality. with infant consultations, pre-natal and dental clinics, a day nursery and health visiting.

The work of the hospital is conducted by Dr. A. J. Wilson, M.B., Ch.B., who is non-resident, and he is assisted by two house physicians. Out-patients departments are conducted by Dr. Wilson, daily at 8.30 a.m., and evening clinics are provided.

Dr. Wilson also visits patients in their homes.

The hospital is under the general supervision of the Medical Superintendent of Hospitals, who pays it a weekly visit. There is no X-ray apparatus and patients are referred to the City Hospital for the taking of films. There is close co-operation as regards tuberculosis work between Langa Hospital and the City and Brooklyn Hospitals.

An extern municipal midwifery service is provided for the Township women in their own homes. The confinement fee is 11s.

The activities of the hospital and clinics for the year under report are shown by the following figures:—

Daily mean number of in-patients	24·0
In-patients admitted	744*
New out-patients	4,980
Attendances by out-patients	54,290
Visits to patients at their homes by—	
Doctor	1,949
Nurse	1,218
Midwifery service—	
Confinements attended (extern)	227
Visits made by midwife	3,468
Pre-natal clinic—	
New cases	357
Total attendances	1,453
Infant consultations—	
New cases	423
Total attendances	3,569
Dental clinic—	
New cases	559
Total attendances	1,076
Day nursery—	
New cases	50
Total attendances	12,842

*The diagnosis in in-patients was as follows:—

Abortion	15
Abscess	20
Adenitis	4
Admitted after abortion	3
Admitted with mother or infant	24
Alcoholism	4
Appendicitis	10
Asthma	13
Avitaminosis	1
Bilharzia	2
Born in hospital	28
Bronchitis and pneumonia	52
Cancer	11
Cerebrospinal fever	1
Cholecystitis	3
Circumcision	6
Confinement	41
Convulsions	5
Diabetes	11
Diarrhoea and enteritis	6
Diseases of blood	4
Diseases of the bones	2
Diseases of the ear	2
Diseases of the eye	7
Diseases of female genital organs	9
Diseases of genito-urinary system	9
Diseases of the heart	19
Diseases peculiar to early infancy	3
Diseases of pregnancy	12
Dysentery	13
Eczema	2
Epilepsy	10
Erysipelas	2
Gastritis	42
Hemiplegia	3
Hernia	3
Hypertension	12
Impetigo	3
Influenza	7
Injury from accidents etc.	159
Malnutrition	6
Mastitis	5
Measles	1
Mental disorders	4
Other diseases of circulatory system	7
Other diseases of digestive system	9
Other diseases of nervous system	7
Diseases of the skin	6
Ophthalmia neonatorum	4
Pellagra	9
Poliomyelitis, acute	1
Puerperal fever	1
Prematurity	6
Pyrexia of unknown origin	8
Quinsy	10
Rheumatic fever	1
Rheumatism	13
Ricketts	2
Scurvy	2
Silicosis	1
Syphilis	2
Tick bite fever	3
Tuberculosis, pulmonary	10
Tuberculosis, other forms	10
Ulcers	4
Whooping cough	4
Worms	5
Other conditions	20
	744

The home address of the in-patients were as follows:—

Langa Native Township	672
Elsewhere in Cape Town Municipality	34
Extra municipal	38
	744

The following patients were Workmen's Compensation Act cases:—

In-patients	33
Out-patients	490

TABLE 1.—NUMBER OF PERSONS TREATED IN THE CITY HOSPITAL FOR THE PERIOD 1ST JULY, 1954 TO 30TH JUNE, 1955.

(Classified according to the wards of the City, etc., to which they belonged).

Wards, etc.	Under treatment, 1st July, 1954.				Admitted.				Discharged.				Died.				Under treatment, 30th June, 1955.				Total admitted persons.	Day units.				Total.
	E.		O.		E.		O.		E.		O.		E.		O.		E.		O.			E.		O.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	
1	3	1	—	2	8	9	2	10	7	10	2	12	—	—	—	—	4	—	—	—	29	1,481	535	17	672	2,705
2	3	1	2	4	17	73	24	38	15	64	25	38	—	—	1	2	5	10	—	2	152	1,505	1,428	876	1,709	5,518
3	3	3	3	9	12	10	20	33	14	11	18	24	—	1	1	3	1	1	4	15	75	603	772	1,440	4,361	7,176
4	6	5	—	2	17	23	6	7	18	23	5	7	2	1	1	—	3	4	—	2	53	1,724	1,202	118	920	3,964
5	2	1	8	25	11	13	46	66	10	11	38	62	—	—	7	4	3	3	9	25	136	568	527	3,496	8,692	13,283
6	4	2	6	10	1	5	44	78	4	4	43	63	—	—	3	4	1	3	4	21	128	672	505	2,393	7,111	10,681
7	5	5	1	11	17	19	33	35	16	18	28	35	—	1	—	1	6	5	6	10	104	2,198	2,317	1,077	3,748	9,340
8	2	9	8	27	26	30	80	140	22	32	64	128	1	—	12	10	5	7	12	29	276	1,795	2,564	3,612	11,297	19,268
9	7	6	—	5	20	45	4	7	20	48	3	9	2	—	—	1	5	3	1	2	76	2,290	3,371	72	1,268	7,001
10	3	3	4	30	12	7	65	92	12	8	56	80	1	1	5	8	2	1	8	34	176	911	792	2,639	12,264	16,606
11	4	1	—	5	9	12	5	7	9	11	5	9	1	—	—	—	3	2	—	3	33	1,156	544	208	1,079	2,987
12	—	2	1	3	12	9	6	9	12	10	6	7	—	—	1	1	—	1	—	4	36	315	593	395	1,686	2,989
13	—	3	1	1	5	11	15	19	4	10	13	16	—	—	3	1	1	4	—	3	50	102	684	484	1,126	2,396
14	2	6	1	5	16	26	9	17	13	31	7	14	2	—	1	—	3	1	2	8	68	543	1,630	351	2,137	4,661
15	2	—	4	5	11	5	31	35	12	4	29	29	—	—	1	3	1	1	5	8	82	294	87	902	2,411	3,694
Not allocated ..	2	—	—	1	—	—	2	—	1	—	2	—	—	—	—	—	1	—	—	1	2	556	—	48	365	969
Langa Native Township ..	—	—	—	6	—	—	6	14	—	—	2	15	—	—	1	—	—	—	3	5	20	—	—	453	1,815	2,268
From ships in harbour ..	—	—	—	—	4	3	2	—	4	3	2	—	—	—	—	—	—	—	—	—	9	188	28	33	—	249
From outside the Municipality	15	12	22	25	128	124	278	233	126	122	221	181	4	3	36	31	13	11	43	46	763	5,200	4,900	13,377	14,245	37,722
Totals ..	63	60	61	176	326	424	678	840	319	420	569	729	13	7	73	69	57	57	97	218	2,268	22,101	22,479	31,991	76,906	153,477

Table 2.—Number of Cases treated at the City Hospital for the Period 1st July, 1954 to 30th June, 1955, Classified according to Race, Sex and Disease.

Disease (ultimate diagnosis).	Under treatment, 1st July, 1954.				Admitted.				Discharged.				Died.				Under treatment, 30th June, 1955.				Total admitted persons.	Day units.				Total.
	E.		O.		E.		O.		E.		O.		E.		O.		E.		O.			E.		O.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	
Typhoid	–	–	7	5	24	16	87	70	21	13	79	62	1	–	2	4	2	3	13	9	197	878	612	4,008	3,074	8,572
Diphtheria	6	3	6	5	25	34	63	82	29	30	55	65	–	2	9	12	2	5	5	10	204	1,459	1,569	3,031	3,509	9,568
Scarlet fever	7	13	–	1	49	88	21	24	52	97	19	23	–	–	–	–	4	4	2	2	182	1,494	2,684	583	645	5,406
Erysipelas	–	–	–	–	–	3	1	2	–	3	1	1	–	–	–	–	–	–	–	1	6	–	35	3	4	42
Puerperal fever	–	–	–	–	–	4	–	4	–	4	–	4	–	–	–	–	–	–	–	–	8	–	51	–	53	104
Cerebrospinal fever	1	–	4	3	13	8	50	35	13	7	48	34	–	–	3	1	1	1	3	3	106	280	162	1,160	783	2,385
Acute poliomyelitis	–	1	–	1	23	11	25	27	21	12	23	26	1	–	–	1	1	–	2	1	86	518	251	703	802	2,274
Infective encephalitis	–	–	–	–	1	–	–	1	1	–	–	1	–	–	–	–	–	–	–	–	2	21	–	–	113	134
Measles	–	–	–	2	15	31	45	38	15	31	41	37	–	–	1	1	–	–	3	2	129	182	327	839	952	2,300
Whooping cough	–	1	1	1	7	7	37	51	6	8	31	40	–	–	6	9	1	–	1	3	102	169	182	1,091	1,440	2,882
Chicken pox	1	–	–	–	8	12	6	5	9	10	6	5	–	–	–	–	–	2	–	–	31	179	206	120	103	608
Mumps	–	–	1	–	5	15	9	6	5	14	10	6	–	–	–	–	–	1	–	–	35	60	171	155	86	472
Tetanus	–	–	–	–	–	–	2	–	–	–	2	–	–	–	–	–	–	–	–	–	2	–	–	28	–	28
Enteritis	–	–	1	–	1	3	7	10	1	3	6	7	–	–	1	2	–	–	1	1	21	5	14	60	137	216
Typhus	–	–	–	–	4	2	–	–	4	2	–	–	–	–	–	–	–	–	–	–	6	32	12	–	–	44
Influenza	–	1	2	2	2	10	9	12	2	10	10	13	–	–	–	1	–	1	1	–	33	33	54	302	199	588
Acute primary pneumonia	–	–	–	–	3	2	15	4	3	1	15	4	–	1	–	–	–	–	–	–	24	47	14	269	60	390
Tuberculosis, pulmonary	38	34	1	110	47	69	37	182	49	71	16	155	4	2	1	9	32	30	21	128	335	12,837	13,158	4,363	44,703	75,061
Tuberculosis, meninges	2	4	25	32	4	3	53	35	1	4	25	24	1	–	23	12	4	3	30	31	95	1,339	1,199	10,286	12,243	25,067
Tuberculosis, miliary	1	1	–	1	–	–	5	1	1	1	2	1	–	–	3	1	–	–	–	–	6	336	345	116	194	991
Tuberculosis, abdominal	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	1	–	–	–	–	1	–	–	–	87	87
Tuberculosis, bones and joints	–	–	–	–	–	–	1	2	–	–	1	2	–	–	–	–	–	–	–	–	3	–	–	22	34	56
Dual cases:																										
Tuberculosis, pulmonary and meninges	2	–	2	1	1	–	9	12	2	–	3	1	1	–	7	6	–	–	1	6	22	282	–	331	1,198	1,811
Tuberculosis, pulmonary and carcinoma	1	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	32	–	–	–	32
Tuberculosis, pulmonary and bones	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	1	1	2	–	–	334	255	589
Tuberculosis, pulmonary and abdomen	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	127	–	127
Tuberculosis, pulmonary and kidney	–	–	–	–	–	–	–	1	–	–	–	1	–	–	–	–	–	–	–	–	1	–	–	–	65	65
Tuberculosis, pulmonary and diphtheria	–	–	–	1	–	–	2	3	–	–	1	3	–	–	–	1	–	–	1	–	5	–	–	187	813	1,000
Tuberculosis, pulmonary and typhoid	–	–	–	–	–	–	1	2	–	–	1	–	–	–	–	–	–	–	–	2	3	–	–	37	321	358
Tuberculosis, pulmonary and measles	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	1	1	2	–	–	6	76	82
Tuberculosis, pulmonary and syphilis	–	–	–	–	–	–	–	1	–	–	–	1	–	–	–	–	–	–	–	–	1	–	–	–	7	7
Tuberculosis, miliary and meninges	–	–	–	1	2	–	7	4	–	–	–	1	1	–	5	3	1	–	2	1	13	336	–	331	486	1,153
Tuberculosis, miliary and diphtheria	–	–	–	–	–	–	–	2	–	–	–	–	–	–	–	–	–	–	–	2	2	–	–	–	127	127
Tuberculosis, miliary and whooping cough	–	–	–	–	–	–	1	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–	–	8	–	8
Tuberculosis, miliary and chicken pox	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	222	222
Tuberculosis, meninges and chicken pox	–	–	–	–	–	–	–	1	–	–	–	1	–	–	–	–	–	–	–	–	1	–	–	–	14	14
Tuberculosis, meninges and mumps	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	24	–	24
Tuberculosis, meninges and measles	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	281	–	281
Diphtheria and measles	–	–	–	–	–	1	–	2	–	1	–	1	–	–	–	–	–	–	–	1	3	–	19	–	84	103
Diphtheria and scarlet fever	–	1	–	–	–	1	–	–	–	2	–	–	–	–	–	–	–	–	–	–	1	–	70	–	–	70
Diphtheria and chicken pox	–	–	–	–	–	1	1	–	–	–	1	–	–	–	–	–	–	1	–	–	2	–	8	47	–	55
Diphtheria and whooping cough	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	34	34
Diphtheria and T.B. glands	–	–	–	–	–	–	1	–	–	–	1	–	–	–	–	–	–	–	–	–	1	–	–	56	–	56
Scarlet fever and whooping cough	–	–	–	–	1	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1	27	–	–	–	27
Scarlet fever and chicken pox	–	–	–	–	–	2	–	1	–	1	–	1	–	–	–	–	–	1	–	–	3	–	27	–	26	53
Whooping cough and measles	–	–	–	–	1	1	–	2	1	1	–	2	–	–	–	–	–	–	–	–	4	15	16	–	49	80
Whooping cough and chicken pox	–	–	–	–	–	–	–	1	–	–	–	1	–	–	–	–	–	–	–	–	1	–	–	–	38	38
Poliomyelitis and chicken pox	–	–	–	–	–	–	–	1	–	–	–	1	–	–	–	–	–	–	–	–	1	–	–	–	37	37
Measles and T.B. bones	–	–	–	–	–	–	1	–	–	–	1	–	–	–	–	–	–	–	–	–	1	–	–	14	–	14
Chicken pox and T.B. abdomen	–	–	1	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	15	–	15
Venereal diseases:																										
Syphilis	–	–	–	–	–	–	31	66	–	–	30	66	–	–	–	–	–	–	1	–	97	–	–	248	516	764
Gonorrhoea	–	–	–	1	–	–	5	4	–	–	5	5	–	–	–	–	–	–	–	–	9	–	–	29	146	175
Syphilis and gonorrhoea	–	–	1	–	–	–	1	–	–	–	2	–	–	–	–	–	–	–	–	–	1	–	–	10	–	10
Soft chancre	–	–	–	–	–	–	2	–	–	–	2	–	–	–	–	–	–	–	–	–	2	–	–	13	–	13
Carriers:																										
Typhoid carrier	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	131	131
Diphtheria carrier	1	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	65	–	–	–	65
Other conditions:																										
Abortion	–	–	–	–	–	–	–	2	–	–	–	2	–	–	–	–	–	–	–	–	2	–	–	–	18	18
Abscess	–	–	–	–	–	–	2	1	–	–	2	1	–	–	–	–	–	–	–	–	3	–	–	4	21	25
Anaemia	–	–	–	–	–	2	–	2	–	2	–	2	–	–	–	–	–	–	–	–	4	–	7	–	27	34
Appendicitis	–	–	–	–	–	–	1	–	–	–	1	–	–	–	–	–	–	–	–	–	1	–	–	41	–	41
Atelectasis	–	–	–	–	1	–	–	1	1	–	–	1	–	–	–	–	–	–	–	–	2	20	–	–	26	46
Bronchitis	–	–	–	–	–	–	4	6	–	–	2	6	–	–	2	–	–	–	–	–	10	–	–	135	123	258
Broncho-pneumonia	–	–	1	–	1	2	2	5	–	1	2	3	–	–	–	2	1	1	1	–	10	1	15	26	76	118
Cellulitis	–	–	–	–	–	2	1	–	–	2	1	–	–	–	–	–	–	–	–	–	3	–	22	4	–	26
Carcinoma	–	–	–	–	2	2	1	–	1	–	1	–	1	1	–	–	–	1	–	–	5	87	47	14	–	148
Coryza	–	–	–	–	–	3	1	3	–	3	1	3	–	–	–	–	–	–	–	–	7	–	8	5	31	44
Dysentery	–	1	–	1	1	1	3	3	1	2	3	4	–	–	–	–	–	–	–	–	8	10	115	36	59	220
Encephalitis, non-epidemic	1	–	–	–	2	4	4	1	3	2	3	1	–	1	1	–	–	1	–	–	11	122	74	195	22	413
Eczema	–	–	–	–	1	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1	23	–	–	–	23
Epilepsy	–	–	–	–	–	–	1	2	–	–	1	2	–	–	–	–	–	–	–	–	3	–	–	17	2	19
Erythema	–	–	–	–	–	1	–	1	–	1	–	1	–	–	–	–	–	–	–	–	2	–	2	–	12	14
Haemorrhage	–	–	–	–	1	2	7	3	1	2	6	3	–	–	1	–	–	–	–	–	13	1	2	7	3	13
Heart disease	–	–	–	–	–	–	3	2	–	–	3	1	–	–	–	–	–	–	–	1	5	–	–	17	38	55
Infection of hand	–	–	–	–	1	–	–	1	–	–	–	–	–	–	–	–	1	–	–	1	2	5	–	–	15	20
Jaundice	–	–	–	–	1	2	–	–	1	2	–	–	–	–	–	–	–	–	–	–	3	1	39	–	–	40
Laryngitis	1	–	3	–	5	3	16	8	6	3	17	6	–	–	–	–	–	–	2	2	32	126	101	424	175	826
Malaria	–	–	–	–	–	2	–	–	–	2	–	–	–	–	–	–	–	–	–	–	2	–	16	–	–	16
Marasmus	–	–	–	–	–	–	1	–	–	–	1	–	–	–	–	–	–	–	–	–	1	–	–	10	–	10
Meningitis (non-meningococcal)	–	–	–	2	29	9	29	12	25	9	24	11	2	–	5	3	2	–	–	–	79	501	168	748	335	1,752
Moniliasis	–	–	–	–	–	1	1	1	–	1	1	1	–	–	–	–	–	–	–	–	3	–	26	21	41	88
Mononucleosis	–	–	–	–	2	4	–	–	2	3	–	–	–	–	–	–	–	1	–	–	6	30	31	–	–	61
Myositis	–	–	–	–	1	–	–	1	1	–	–	1	–	–	–	–	–	–	–	–	2	13	–	–	4	17
Neuritis	–	–	–	–	–	1	1	–	–	1	1	–	–	–	–	–	–	–	–	–	2	–	13	4	–	17
Otitis media	–	–	2	–	1	3	4	3	1	3	6	3	–	–	–	–	–	–	–	–	11	3	11	35	10	59
Osteitis	–	–	–	–	–	–	2	1	–	–	2	1	–	–	–	–	–	–	–	–	3	–	–	55	1	56
Paralysis	–	–	–	–	2	–	2	–	2	–	1	–	–	–	1	–	–	–	–	–	4	33	–	33	–	66
Pellagra	–	–	–	–	–	–	–	1	–	–	–	1	–	–	–	–	–	–	–	–	1	–	–	–	27	27
Pulmonary embolism	–	–	–	–	–	–	1	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–	–	10	–	10
Pyelitis	–	–	–	–	–	2	2	2	–	2	2	2	–	–	–	–	–	–	–	–	6	–	22	29	30	81
Pyrexia of unknown origin	–	–	–	–	8	6	11	15	8	6	11	15	–	–	–	–	–	–	–	–	40	59	105	149	226	539
Quinsy	–	–	–	–	–	–	2	–	–	–	2	–	–	–	–	–	–	–	–	–	2	–	–	7	–	7
Q. fever	–	–	–	–	2	1	–	–	2	1	–	–	–	–	–	–	–	–	–	–	3	20	15	–	–	35
Rheumatic fever	–	–	–	–	1	1	1	–	1	1	1	–	–	–	–	–	–	–	–	–	3	1	1	2	–	4
Rickets	–	–	–	–	1	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1	9	–	–	–	9
Salpingitis	–	–	–	–	–	–	–	3	–	–	–	3	–	–	–	–	–	–	–	–	3	–	–	–	32	32
Sinusitis	–	–	–	–	–	1	–	1	–	1	–	1	–	–	–	–	–	–	–	–	2	–	2	–	7	9
Thrush	–	–	–	–	2	1	–	1	2	1	–	1	–	–	–	–	–	–	–	–	4	12	6	–	13	31
Tonsillitis	1	–	3	6	17	24	17	41	13	23	18	42	–	–	–	–	5	1	2	5	99	377	354	578	1,547	2,856
Uraemia	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	1	1
Non-venereal disease cases in V.D. ward	–	–	–	–	–	–	4	2	–	–	4	2	–	–	–	–	–	–	–	–	6	–	–	42	12	54
Other conditions	–	–	–	–	8	20	14	14	8	20	14	14	–	–	–	–	–	–	–	–	56	21	91	106	106	324
Totals	63	60	61	176	326	424	678	840	319	420	569	729	13	7	73	69	57	57	97	218	2,268	22,101	22,479	31,991	76,906	153,477

TABLE 3.

CASES TREATED IN THE BROOKLYN HOSPITAL FOR CHEST DISEASES FOR THE PERIOD 1ST JULY, 1954 TO 30TH JUNE, 1955.

NON-EUROPEANS ONLY.

Disease (ultimate diagnosis).	Under treatment, 1st July, 1954.		Admitted.		Discharged.		Died.		Under treatment, 30th June, 1955.		Total admitted persons	Day units.		Total.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		M.	F.	
Tuberculosis, pulmonary	267	19	212	81	181	87	26	3	272	10	293	99,009	4,153	103,162
Tuberculosis, other forms	2	2	–	–	2	2	–	–	–	–	–	456	214	670
Other conditions	–	1	5	1	4	2	–	–	1	–	6	138	12	150
Totals	269	22	217	82	187	91	26	3	273	10	299	99,603	4,379	103,982

TABLE 4.

Wards, etc.	Under treatment, 1st July, 1954.		Admitted.		Discharged.		Died.		Under treatment, 30th June, 1955.		Total admitted persons	Day units.		Total.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		M.	F.	
1	2	–	2	–	1	–	–	–	3	–	2	510	–	510
2	5	–	6	–	3	–	3	–	5	–	6	1,849	–	1,849
3	13	1	5	1	5	2	2	–	11	–	6	4,478	46	4,524
4	1	–	2	–	–	–	–	–	3	–	2	744	–	744
5	22	2	20	6	19	8	–	–	23	–	26	7,898	448	8,346
6	19	1	17	4	10	5	1	–	25	–	21	8,033	172	8,205
7	7	1	1	2	5	3	2	–	1	–	3	1,290	169	1,459
8	47	5	34	7	29	10	6	1	46	1	41	17,482	585	18,067
9	6	2	3	–	4	2	–	–	5	–	3	2,144	622	2,766
10	35	2	24	11	26	11	3	–	30	2	35	11,567	150	11,717
11	1	–	3	–	1	–	1	–	2	–	3	591	–	591
12	6	1	6	1	4	2	–	–	8	–	7	2,772	37	2,809
13	7	–	7	–	4	–	–	–	10	–	7	3,243	–	3,243
14	11	1	5	4	7	3	–	–	9	2	9	3,395	98	3,493
15	21	1	11	2	13	2	2	1	17	–	13	7,076	155	7,231
Not allocated	1	–	3	–	1	–	1	–	2	–	3	655	–	655
Langa Native Township	9	–	10	3	5	3	1	–	13	–	13	4,028	44	4,072
From ships in harbour	1	–	–	–	1	–	–	–	–	–	–	351	–	351
From outside the Municipality	55	5	58	41	49	40	4	1	60	5	99	21,497	1,853	23,350
Totals	269	22	217	82	187	91	26	3	273	10	299	99,603	4,379	103,982

SECTION IX.—SANITARY ADMINISTRATION.

For sanitary inspection the Municipality is divided into five divisions, each of which is sub-divided into districts (29 in all). In each division the inspector in charge has no district of his own, and he is responsible for the work of the district inspectors in his division and the taking of samples under the Food, Drugs and Disinfectants Act. The work of the pest control officers is separated from the divisional system. They deal with the inspection of plans in collaboration with the City Engineer's Department, rat-proofing of buildings, the destruction of town and veld rodents, and the prevention of mosquito breeding. The district inspectors are also concerned in this work. All the inspectors work under the control of the Chief Health Inspector, who, with his assistant, is also responsible for the municipal washhouses and the public sanitary conveniences and the taking of samples of water from municipal reservoirs for bacteriological analysis.

The work of the district health inspection staff includes the investigation of notified cases of infectious disease (except tuberculosis, ophthalmia, trachoma, puerperal fever, whooping cough and diseases notifiable by school teachers, such as measles and chicken pox); and also special follow-up visits to persons discharged from City Hospital suspected of being typhoid fever carriers; the inspection of dwelling houses, shops, food places and vehicles, stables and other places where animals are kept (except licensed cowsheds); inspections concerning the licensing and regulation of licensed, registered and regulated trades, residential hotels and boarding houses, and of theatres and other places of amusement and camping sites; the inspection of courts, lanes, alleys, open land, undeveloped areas, refuse tips and standing water; the inspection of municipal washhouses and sanitary conveniences; investigations into social conditions in connection with remission of fees for treatment in municipal hospitals; submission of reports on applications for permission to demolish or convert dwellings under section 16 of the Housing Act (No. 35 of 1920), and regulation 42 of the regulations made under section 2 of the Housing (Emergency Powers) Act of 1945; and the deverminization of incoming Natives to the Langa Native Township, or wherever the circumstances demand, besides the submission of reports in terms of the Native Service Levy Act, No. 64 of 1952, and under section 9 of Act No. 25 of 1945. In addition, the submission of reports for registration in terms of section 27 of the winter cereal scheme.

HEALTH INSPECTORS.

On 30th June, 1955, the staff of health inspectors consisted of the chief health inspector, the assistant chief health inspector, 5 divisional health inspectors, 19 senior health inspectors, 7 health inspectors, and 3 learner health inspectors, beside 3 health inspectors for dairies and 4 pest control officers. A meat inspector for the inspection of meat imported into the Municipality is also attached to the department.

The inspections recorded as made by the health inspectors (other than the meat inspector and pest control officers) during the year ended 30th June, 1955, were as follows:—

Aerated water factories	98
Attendances at magistrates' court (*re* offences)	198
Bakehouses	398
Bakers' vehicles	173
Bakers' shops (without bakehouses)	199
Beaches	160
Billiard saloons	54
Boarding-houses	1,153
Butchers' vehicles	410
Butchers' shops	4,559
Cafés	1,040
Cattle dealers' premises	42
Chalets	5,016
Common Lodging-houses	7
Courts, lanes and alleys	3,169
Dairy stables	2,164
Dealers' and general dealers' shops (food)	14,021
Dealers' and general dealers' shops (no food)	4,501
Eating-houses	585
Fish vehicles	117
Fish dealers	1,822
Garages	681
Hairdressers	1,794
Hawkers' vehicles	1,220
Hawkers' premises	2,916
Horse stables	1,211
Ice-cream vehicles	115
Ice-cream purveyors and manufacturers	1,586
Laundries	76
Licensed hotels and bars	151
Mattress-makers and upholsterers	68
Milk-delivery vehicles	420
Milk shops (purveyors of milk)	5,885
Mineral water dealers	192
Native housing reports	21
Natives deloused and vaccinated (*re* typhus fever)	1,391
Open land	2,596
Other factories and work places	2,924
Other house inspections	30,141
Other places where food is manufactured	387
Other visits	3,297
Personal service notices (*re* nuisances)	705
Piggeries	15
Poulterers	37
Places of amusement (*re* licences)	162
Public markets	4,276
Refuse depositing sites	388
Restaurants	2,528
Schools	136
Side shows	21
Sites or premises (*re* deposited plans)	387
Sports grounds	94
Standing water, catchpits, etc. (*re* mosquitoes)	402
Swimming baths	31
Tea shops	2,334
Tenement houses	880
Tents	108
Theatres and cinemas	265
Visits made in connection with infectious diseases	1,577
Washhouses	59
Total	111,363

Particulars in connection with visits recorded in the above inspections:

Visits to premises where action was taken in connection with rodent infestation	57
Visits at which premises were disinfected	1
Drain tests carried out	134

The notices served by health inspectors during the year under review are enumerated below:—

Proceedings begun by:

Verbal notices	923
Formal written notices	2,637
Total proceedings begun	3,560
Written notices following verbal notices	499

Total notices served:

Verbal notices	923
Formal notices	3,214
Final notices	575
Total	4,712

The number of items included in the 3,560 notices were as follows:—

Ward 1	168
Ward 2	390
Ward 3	617
Ward 4	346
Ward 5	656
Ward 6	1,011
Ward 7	948
Ward 8	619
Ward 9	1,231
Ward 10	262
Ward 11	183
Ward 12	398
Ward 13	319
Ward 14	684
Ward 15	582
Total	8,414

Other defects were dealt with by the inspectors by reports for transmission to the City Engineer and other departments of the Corporation as follows:—

Stopped drains	924
Defective water fittings	126
Unauthorized structures	62
Undrained premises	30
Structural defects to premises	78
Other defects	55

STABLE PREMISES.

The municipal regulations empower the Council to prohibit the use for the keeping of animals, any stable, cowshed, pigsty, kraal, etc., which in its opinion is "unfit, undesirable or objectionable by reason of its locality, construction or manner of use". The City Council may also restrict the number or kind of animals to be kept at any such premises. No stable premises (equine) were closed by the Council during the year.

Previously, since 1929, the City Council had prohibited the use of 145 stable premises. Many others have been closed without formal action by the City Council.

These figures do not include dairy stables that had been closed by order of the City Council.

In the year under review investigations were continued into the possibility of zoning a certain part of the Cape Town Municipality as a stable area for the keeping of animals. Should this project be found practical it would give tradesmen who depend on horse-drawn transport for carrying out their business an opportunity of acquiring land in an area under municipal supervision.

ANTI-RODENT OPERATIONS.

Throughout the sandy open lands of the Cape Flats scattered colonies of gerbilles and groups of other veld rodents are to be found, but plague infection in rodents has not approached nearer to Cape Town than the Ceres basin and the Van Rhynsdorp district near the Olifants River towards its mouth. There has been no outbreak of plague in Cape Town since about 1901, when there was an epidemic which spread from the infection of rats in the Port. At that time many parts of the country were also affected. And until 1938, when a few human cases occurred in Port Elizabeth and rats were found to be plague infected in that city, there has been no infection of rats in South Africa for many years.

In view of this position an anti-rodent staff is maintained in the City Health Department, consisting of the 4 pest control officers, a senior health inspector who assists in the examination of building plans, and 26 rat catchers. This staff also devotes itself to the examination of the rat-proofing of buildings and the destruction of rodents, especially rats and veld rodents. *Rattus rattus*, both *rattus* and *alexandrinus* and *Rattus norvegicus* are found in the business centres and old houses of the city, *Rattus rattus frugivorus* in the suburbs, and *Rattus norvegicus* on the sea beaches and in the banks of streams, etc. Systematic destruction of gerbilles is carried out in the unbuilt part of the municipal area on the Cape Flats, stretching from Table Bay to False Bay, the greater concentration of gerbille activity occurring in the area between Milnerton to Epping, Vasco. The presence of the gerbille is particularly noticeable on the boundary and is indicative of the continued intensive migratory movement of the gerbilles from the north.

In the built-up areas, attention is given chiefly to the rat-proofing of premises which attract, harbour and nourish rats, and the destruction of rats in infested premises. In the granting of trading licences for grocers' shops and the like, rat-proofing has been insisted on. Many wood floors in such premises have been replaced by concrete. Rat-proofing is required in accordance with the Union Government Regulations in the erection of new shops and stores or alterations, additions, etc.

With the advent of Warfarin a new and valuable weapon has come to the forefront in the war against domestic rodents (brown and black rats). The remarkable results obtained have justified its extensive use and it has now become one of the principal methods of exterminating rodents. Extensive experiments and trials have resulted in the production of a bait which has been found acceptable to these rodents under all conditions. The experiments conducted from the pest control centre have been fully justified and it is reassuring to observe that there has been no evidence of bait shyness or immunity developing. It has been established beyond all doubt that the number of carcases when Warfarin is used bears no relation to the number of rodents destroyed. These encouraging results fully justify a more extensive use of this poison and our efforts in this direction are being intensified. It would appear that the numerical value of carcases recovered can no longer be considered of primary importance, as a fairly accurate assessment of the number of rats destroyed can be made by the quantity of bait laid and consumed. Block poisoning, i.e. dealing with all premises within a given area, has been developed, and excellent results obtained showing that poisoning with the new substance is suitable for operations on an extended scale. This poison is sold in most shops in a ready mixed form, and being easy to use and giving positive results the public are co-operating by obtaining and using cartons.

During the year under review, 13,000 lbs. of Warfarin were laid in rat infested areas in the Municipality. Progress is being made in block poisoning and the sea beaches and similar places, which for years have been a problem, have now been almost cleared of rodents by the use of Warfarin.

The work done during the year under review is indicated by the following figures:—

Inspections by pest control officers:		
Re rodents	12,370	
Re mosquitoes	4,762	
		17,132
Inspections *re* rodents by other inspectors		57
Inspections *re* mosquitoes by other inspectors		464
Visits made to lands and premises by rat-catchers:		
Re rodents	55,005	
Re mosquitoes	16,978	
		71,983
Examination of building plans:		
With requirements	1,741	
No objection	270	
		2,011
Number of notices served by pest control officers:		
Verbal notices	78	
Written notices	278	
		356
Number of rodents caught and destroyed:		
Brown rats	4,948	
Black rats	1,138	
Gerbilles	925	
		7,011

The figures given above as to rodents destroyed include only the number of animals whose dead bodies were actually recovered. There is no reason to doubt that many more were destroyed by the methods employed.

The above figures do not include certain inspections made and notices served by the district health inspectors in connection with rodents.

The rodents destroyed and recovered are shown in the following table:—

RODENTS CAUGHT AND DESTROYED.

Year ended 30th June.	Brown rats.	Black rats.	Gerbilles.	Total.
1926	8,409	1,206	3,430	13,045
1927	8,716	1,282	1,537	11,535
1928	7,651	1,352	816	9,819
1929	6,803	1,388	414	8,605
1930	5,297	1,631	510	7,438
1931	3,982	1,918	770	6,670
1932	4,103	2,017	634	6,754
1933	3,939	2,556	929	7,424
1934	3,839	2,690	1,321	7,850
1935	3,257	3,597	543	7,397
1936	3,757	3,240	610	7,607
1937	3,642	4,030	619	8,291
1938	3,793	6,063	585	10,441
1939	4,407	5,376	514	10,297
1940	6,002	4,891	182	11,075
1941	4,896	3,793	77	8,766
1942	6,038	4,147	48	10,233
1943	7,240	5,066	405	12,711
1944	8,573	4,692	176	13,441
1945	9,748	3,606	55	13,409
1946	9,082	1,879	287	11,248
1947	6,231	2,210	56	8,497
1948	8,678	2,185	348	11,211
1949	8,719	2,666	985	12,370
1950	8,557	2,097	807	11,461
1951	10,308	2,372	649	13,329
1952	7,814	1,923	841	10,578
1953	6,075	864	988	7,927
1954	5,475	723	1,135	7,333
1955	4,948	1,138	925	7,011

MOSQUITOES.

One of the pest control officers specializes also in anti-mosquito work. He investigates local prevalence of mosquitoes discovered through complaints or systematic inspections. He also controls permanent anti-mosquito measures in the Black River Valley, extending from the Bokmakirie Township to the Royal Observatory, as well as giving attention to seasonal collections of standing water and other known mosquito breeding foci within the municipal area. Such collections of water are mapped and recorded by the pest control officer. Four of the rat-catching staff under his supervision devote the whole of their time to oil-spraying of waters where mosquitoes are bred. In addition to these four operatives, another employee carries out regular treatment of standing water at the sewage disposal works at Athlone.

The revised method in the campaign against mosquitoes of applying Larvicidal Oil of high spreading pressure to the surface of standing water by means of an applicator gun continues to give satisfactory results. Larvicidal Oil containing D.D.T. supplying the required toxicity is applied undiluted to standing water at the rate of 2·4 pints per acre of water surface. The method of spreading this larvicide is by means of an applicator gun containing a pistol grip to which is attached a 3 foot nozzle. A small piston operating within the pistol grip delivers approximately 10 ccs. of oil every time the hand is clenched. The gun is gravity-fed from a knapsack spray can. This method involves the use of an oil of high spreading pressure, causing it to spread over the water until a film of only micro-molecular thickness is reached. It has proved to be more efficient, convenient and clean in application, and has the facility of applying the larvicide to the water below any cover of vegetation which may be present. The old system was the use of a mixture of petroleum oils in the proportion of 15-20 gallons of oil per acre of water surface applied by means of the conventional knapsack sprayer.

The chief prevalence of mosquitoes is in those parts of the southern suburbs which are within a mile or two of the disposal works at Athlone; but with the elimination of broad land irrigation considerable reduction of mosquito breeding has been effected, with a consequent decrease in the number of complaints. The nuisance is worst when moist warm weather conditions prevail, namely the months of April, May and October. It has been found that fog conditions, frequently encountered at these times of the year, encourage the migration of adult mosquitoes. The mosquitoes are exclusively of the genus culex. Anopheles and Aedes *Egypti* are not found.

Mosquito prevalence is by no means confined to the summer, and is liable to occur in any part of the Municipality through breeding taking place in local collections of water. It is interesting to note that, in the majority of cases, upon investigation into complaints of the prevalence of mosquitoes, the breeding places are discovered in collections of standing water on private property, the complainants' premises often being responsible for the nuisance.

Intensive mosquito breeding also occurs in trapped street catchpits, which require constant attention by the City Engineer's Department.

The number of inspections of sites and premises made during the year under review was 402.

CAMPING.

Camping on private sites within the Municipality of Cape Town has been kept under observation by the health inspectors. During the year 1954-55, 6 applications for the erection of tents were received, all of which were granted and were for occupation by 100 persons.

FOOD, DRUGS AND DISINFECTANTS ACT.

In terms of Government Notice No. 1572 of 1932, the Minister of Public Health added the Municipality of the City of Cape Town to the list of local authorities empowered under Government Notice No. 666 of 1930 to administer the Food, Drugs and Disinfectants Act in respect of (*a*) perishable articles mentioned or defined in the Regulation under the Act, and (*b*) flour, meal, bread and any other article of food not packed or sold in a sealed package. The number of samples to be examined for the Municipality in the Government Chemical Laboratory free of charge was fixed at 724 by Government Notice No. 4166 of 20th May, 1949.

Sampling duty is undertaken by the five divisional health inspectors.

The following is a record of the samples taken during the calendar year 1955:—

Nature of sample	No. of samples.	Not genuine.				Genuine.
		Letter sent.	Warning notice sent.	Summons applied for.	Total.	
Milk	364	—	—	3	3	361
Meat products	161	—	—	26	26	135
Minced meat	57	—	—	8	8	49
Ice cream	52	—	—	1	1	51
Cream	49	—	—	—	—	49
Cheese	7	—	—	—	—	7
Skim milk cheese	2	—	—	—	—	2
Frozen suckers	3	—	—	—	—	3
Cream cheese	1	—	—	—	—	1
Dripping	4	—	—	—	—	4
Butter	1	—	—	—	—	1
Carbonated water . .	11	—	—	—	—	11
Honey	8	—	—	—	—	8
Margarine	2	—	—	—	—	2
Salad and cooking oil . .	1	—	—	—	—	1
Total	723	—	—	38	38	685

The results of analysis of the samples of milk taken were as follows:—

Percentage of milk fat.	*No. of samples.*	*Percentage of milk-solids-not-fat.*	*No. of samples.*
1·0—1·4	—	5·5—5·9	—
1·5—1·9	—	6·0—6·4	—
2·0—2·4	1	6·5—6·9	—
2·5—2·9	1	7·0—7·4	—
3·0—3·4	190	7·5—7·9	1
3·5—3·9	166	8·0—8·4	—
4·0—4·4	3	8·5—8·9	—
4·5—4·9	—	9·0—9·4	187
5·0—5·4	2	9·5—9·9	176
9·5—9·9	1		

SALE OF MILK AND ICE CREAM.

Compulsory Pasteurization of milk.

Regulations governing the compulsory pasteurization of all milk offered for sale in Cape Town (except milk from accredited disease-free herds of which none is licensed at present) came into force on the 8th May, 1953. The year under review has therefore been the second complete year of pasteurization.

During the first year of compulsory pasteurization a number of difficulties arose which caused some of the pasteurized milk to have a keeping quality which was not entirely satisfactory, and created some dissatisfaction among the consuming public. Various successful steps were taken to improve the position which resulted in a better keeping quality milk during the first year and a still better milk during the second year. It is considered that the position will continue to improve still further next year.

Staff.

One veterinary officer confines himself to the veterinary inspection of dairy cattle, the supervision of producers' cowsheds who supply milk for consumption in the city, and the supervision of all pasteurizing plants. He is assisted by two full-time dairy inspectors in the inspection of producers' premises, and one inspector who assists in the supervision of pasteurizing plants, in taking samples and in the laboratory work.

During the year a laboratory technical assistant was appointed, who, it is hoped, will permit the professional staff to spend more time on their inspectoral duties.

During the year under review the work listed below was done. The close liaison which exists between the laboratory and the field work of the department cannot be sufficiently stressed as a means of safeguarding and improving the milk supply of the city.

Control of Raw Milk.

Dairy farms licensed to sell milk in Cape Town	257
Approximate number of gallons of milk produced daily	40,000
Total number of inspections on farms	2,101
Herds inspected	50
Special visits re mastitis contamination of milk supply	41
Investigations regarding souring of milk	30
Investigations regarding high bacterial counts	270
Letters sent to milk producers re mastitis	157
Letters sent to milk producers re high bacterial counts	168
Recordings of temperature of mechanically cooled milk	1,080

Twenty-four samples for tubercle bacillus testing were taken from the bulked milk of herds, of which all were found to be negative.

Breed smears of 4,669 samples of milk were examined; 2,397 (51·1 per cent) samples were unsatisfactory compared with 1,346 tests done last year with 51·6 per cent unsatisfactory.

Smears prepared from the gravitation cream of 984 composite bulk samples of producers' milk were examined for mastitis; 174 (17·7 per cent) were positive for mastitis as compared with 659 tests done last year with 27·2 per cent positive.

Butterfat tests were carried out on 68 samples of which 20 were unsatisfactory.

Control of Pasteurized Milk.

Pasteurizing plants licensed and certified	11
Total number of visits to pasteurizing plants	2,350

For the period under review, 2,055 phosphatase tests were carried out, of which 115 (5·6 per cent) were not completely pasteurized. Of these, one sample was grossly under pasteurized and appeared to be raw milk, 19 were underpasteurized and 95 were very slightly under pasteurized.

Breed smears of 1,675 samples of pasteurized milk were examined, of which 238 (14·2 per cent) were unsatisfactory compared with 1,168 samples tested last year with 28·4 per cent unsatisfactory.

B. Coli tests (B. Coli in 1 cc. of milk) on 568 samples of pasteurized milk were examined to determine the efficiency of sterilization of bottles and plant; 277 (48·8 per cent) were unsatisfactory.

Vi-tests on 173 persons employed by pasteurizing concerns were performed. All tests were negative.

One hundred and forty-five samples of cream were submitted to a modified phosphatase test, 133 proved satisfactory.

Control of Ice Cream.

The 13 licensed ice cream factories were visited on 126 occasions. Of the 132 samples of ice cream submitted to the phosphatase test, four proved to be underpasteurized. One hundred and thirty-one samples of ice cream were examined by the breed smear method; 28 proved unsatisfactory.

Additional Veterinary and Laboratory Work.

The following additional veterinary and laboratory work was carried out during the year:—

(1) Outside Municipalities—191 samples of milk were tested by the breed smear method for other municipalities—of these 121 were satisfactory.

(2) Abattoirs—The Veterinary Officer also deputized for the Director of Abattoirs during that officical's absence on leave.

TRADING LICENCES.

TEA SHOPS, CAFES, RESTAURANTS, EATING-HOUSES AND BOARDING HOUSES.

Municipal regulations provide for the annual licensing of these premises and the controlling of the equipment and management. Applications for licences are considered by the responsible committee after report by the Medical Officer of Health.

The following is an analysis of the applications dealt with during the year ended 30th June, 1955:—

	Restaurants.	Tea Shops.	Cafés.	Eating-Houses.	Boarding Houses.
1. Applications received	284	1,259	34	70	263
2. Granting of licences recommended (without conditions)	237	1,126	24	31	258
3. Granting of licences recommended (subject to conditions)	47	131	10	39	—
4. Number under item 3 later reported as having complied with conditions	28	84	5	10	—
5. Refusal of licences recommended	—	—	—	—	2
6. Applications withdrawn	—	2	—	—	3

REGISTERED TRADES.

Mattress-makers, Laundries, Barbers and Hairdressers.

Government regulations regarding mattress-makers and upholsterers (Government Notice No. 1384 of 1938), prohibit any person from carrying on those trades unless registered annually by the Council. The municipal regulations prohibit any person from carrying on any laundry "by way of trade or for purposes of gain", unless registered annually by the Council. The municipal regulations also prohibit any person from carrying on the trade or business of a barber or hairdresser unless registered by the Council.

The figures in the following table refer to the calendar year 1955:—

	Mattress-makers and Upholsterers.	Laundries.	Barbers and Hairdressers.
Applications received	15	17	344
Registration certificates issued	15	8	309
Registration granted subject to conditions ..	—	8	30
Registration refused	—	—	1
Applications withdrawn	—	1	4

Hawkers and Pedlars.

The municipal regulations also require annual licences for hawkers and pedlars. The following figures refer to the year ended 30th June, 1955:—

	Hawkers	Pedlars.
1. Applications received	1.817	740
2. Granting of licences recommended (without conditions)	1,003	542
3. Granting of licences recommended (subject to conditions) ..	799	149
4. Refusal of licences recommended	—	—
5. Number under items 3 and 4 later recommended	393	88
6. Applications withdrawn	15	49

TRADE LICENCES.

The Licences Consolidation Ordinance No. 19 of 1930, as amended, and the Registration of Businesses Ordinance No. 15 of 1953, provide that a certificate must be obtained from the Council before a licence is issued to trade as a general dealer, fresh produce dealer, baker, butcher, restaurant (etc.) keeper, hawker, pedlar, motor garage, or mineral water manufacturer or dealer, and further that no application for such certificate shall be considered unless the Medical Officer of Health shall have reported that the premises are fit and suitable for the purpose, and that he knows of no reason why the licence should be refused on the grounds of public health. All applications for certificates are referred by the responsible committee to the Medical Officer of Health for report, and the consequent inspections involve a considerable amount of work on the part of the health inspectors.

The following is an analysis of applications for certificates dealt with during the year ended 30th June, 1955:—

–	General dealers.	Fresh produce dealers.	Butchers.	Bakers.	Motor garages.	Mineral water dealers.	Mineral water manufacturers.
1. Applications received	1,368	502	149	7	59	94	—
2. Granting of licences recommended (without conditions) ..	807	272	61	5	32	62	—
3. Granting of licences recommended (subject to conditions)	544	227	87	2	24	32	—
4. Number under item 3 later reported as having complied with conditions ..	170	137	61	2	20	22	—
5. Refusal of licences recommended ..	2	—	1	—	2	—	—
6. Applications withdrawn	15	3	—	—	1	—	—

Figures for restaurant (etc.) keepers are shown on the previous page.

INSPECTION OF MEAT AND OTHER FOODSTUFFS.

The inspection of meat from animals killed at the municipal abattoir is under the control of the Director and Veterinary Surgeon, and is reported on in the Mayor's Minute. No animals may be slaughtered elsewhere in the Municipality, and all meat from animals slaughtered outside the City and brought in for consumption must be deposited at one of the depots appointed by the Council. There it is inspected and stamped by the meat inspector attached to the City Health Department.

The following is a return of meat from animals slaughtered outside the city and brought in for sale within the municipal area during the year ended 30th June, 1955:—

Description.	Inspected.	Passed.	Condemned partly.	Condemned entirely.	
				Amount.	Percentage.
Carcases of beef	556	549	—	7	1·26
,, veal	16	16	—	—	—
,, pork	8,716	8,655	44	15	0·17
Parts of pork	2,873	2,862	—	11	0·38
Pigs' kidneys	9,270	9,182	—	88	0·95
,, heads	1,666	1,656	—	10	0·60
,, plucks	9,270	9,171	—	99	1·07
Pigs' plucks .. *Livers*				428	4·62
Pigs' plucks .. *Lungs (prs.)* ..				94	1·01
Pigs' plucks .. *Hearts*				76	0·82

The following return shows the imported meat condemned at the depots appointed by the Council, classified under the various diseases for which it was condemned, during the period 1st July, 1954, to 30th June, 1955:—

Description.	Total.	Abscess.	Cysts (hydatid).	Measles.	Necrosis.	Pericarditis.	Pneumonia.	Moribund.	Tuberculosis.
Carcases of beef ..	7	7	—	—	—	—	—	—	—
,, pork ..	15	—	—	10	—	—	—	1	4
Parts of pork	55	55	—	—	—	—	—	—	—
Pigs' kidneys	88	—	88	—	—	—	—	—	—
,, plucks	99	—	99	—	—	—	—	—	—
,, heads	10	10	—	—	—	—	—	—	—
,, livers	428	—	377	—	51	—	—	—	—
,, lungs	94	—	—	—	—	—	94	—	—
,, hearts	76	—	—	—	—	76	—	—	—

The following carcases with slight infestation with cysticercus were discovered and interned in cold storage for the prescribed time:—

Removed from.	Measly beef.		Measly pork.	
	Carcases.	Weight (lbs.).	Carcases.	Weight (lbs.).
Municipal abattoir	2,241	1,254,960	3	378

Food Inspection by Health Inspectors.

The following foodstuffs were condemned as unfit for human consumption as the result of ordinary inspections by the health inspectors other than inspections of imported meat during the year ended 30th June, 1955:—

	Weight (*lb.*)
Meat:	
Beef	350
Poultry and Game:	
Ducks	52
Fowls	8,238
Game	74
Geese	106
Turkeys	276
Fish:	
Fresh fish	500
Preserved fish	98
Tinned fish	298
Oysters	160
Fruit and Vegetables:	
Apples	45
Apricots	118
Avocado pears	4,300
Bananas	16,375
Egg fruit	24
Grape fruit	1,747
Grenadillas	20
Guavas	187
Lemons	1,646
Mangoes	2,928
Oranges	712
Pawpaws	6,936
Peaches	1,440
Pears	2,521
Pineapples	756
Plums	147
Rhubarb	437
Strawberries	11
Sour figs	36
Spanspek	3,616
Watermelons	7,228
Figs	480
Asparagus	90
Beans (green)	125,098
Beetroot	10,569
Betel leaves	36
Bringles	50
Cabbages	43,226
Cauliflowers	3,965
Carrots	2,473
Celery	736
Chillies	3,046

	Weight (*lb.*)
Fruit and Vegetables (cont.)*:*	
Cucumber	20,224
Garlic	441
Ginger	405
Lettuce	29,937
Marrows	4,100
Mealies	710
Mint	116
Onions	16,554
Parsley	1,348
Parsnips	431
Peas (green)	34,760
Peppers	752
Potatoes	41,605
Pumpkins	15,198
Radish	2,532
Spinach	8,649
Squash	5,750
Sweet melons	7,901
Tomatoes	56,058
Turnips	5,375
Watercress	121
Endive	93
Gherkins	60
Other provisions:	
Bacon	209
Canned fruit	409
Cheese	37
Eggs	184
Flour	40
Jam	273
Mealiemeal	190
Meat paste	90
Pickles	213
Dried fruit	430
Salt	60
Sauerkraut	1
Sugar	80
Sweets	2
Sandwich spread	33
Tinned fat	12
Tinned meat	155
Tinned sausage	1
Tinned soup	2
Tinned vegetables	926
Yeast	1
Chicory	15
Unlabelled tins	634

Consignments of fruit and vegetables received at the early morning market are still being found to be contaminated with various types of insecticidal sprays.

One of the health inspectors spends much of his time at the market, primarily for the purpose of examining and seizing foodstuffs unfit for human consumption. In recent years he has had the added difficulty and responsibility of detecting and investigating commodities which might have been treated with some chemical or poisonous solution. The market agent may sometimes be given the option of washing such consignments, but as suitable facilities for such operations are not provided at the market, the consignment has more often than not had to be destroyed.

It is rather perturbing that farmers in this country should even consider dispatching into the city consignments of foodstuffs treated with some chemical known to be toxic to man. It would appear that joint action by the Union Health Department and the Department of Agriculture to obviate such a position is indicated.

CASES BEFORE THE MAGISTRATE.

The table overleaf gives particulars of cases heard by the magistrates during the year at the instance of the City Health Department. In most of the cases there were two or more separate counts; the counts are not enumerated in the table. In some cases more than one person was summonsed for the same offence; if any one accused was fined or reprimanded the case is recorded in the table accordingly, notwithstanding that the other accused may have been discharged:—

Nature of offence.	Number of cases.				Total Fines.
	Total.	Fined.	Suspended sentence.	No. of persons summonsed.	
					£ s. d.
Dwelling-house premises in insanitary condition	8	5	3	11	40 0 0
Insanitary conditions or other offences at food premises	4	4	—	9	23 10 0
Insanitary conditions or other offences in transport or delivery of milk	7	7	—	9	49 10 0
Selling foodstuffs in contravention of the Food, Drugs and Disinfectant Act:					
Milk	3	3	—	3	27 10 0
Ice cream	1	1	—	1	5 0 0
Sausage	9	9	—	11	68 10 0
Minced meat	14	14	—	16	135 0 0
Polony	3	3	—	3	15 0 0
Trading as vendor of ice-cream without licence	2	2	—	2	9 10 0
Trading as hawker without licence	8	8	—	9	14 0 0
Selling meat not slaughtered at municipal abattoir or not inspected and stamped	1	1	—	1	5 0 0
Other nuisances or insanitary conditions ..	3	3	—	5	24 0 0
Total	63	60	3	81	416 10 0

PUBLIC SANITARY CONVENIENCES.

The following is a list of the public sanitary conveniences open at 30th June, 1955, together with the number of attendants employed:—

	Attendants.	
Chalet.	*Male.*	*Female.*
Aberdeen Street, Woodstock	2	2
Athlone	2	2
Bakoven	1	1
Beach Road, Sea Point	2	2
Beach Road, Three Anchor Bay	1*	1
Camps Bay Beach	1	1
The Camp, Camps Bay	1	—
Castle Bridge	2	2
Castle Street, Cape Town	3	—
Claremont Park	1	1
Clifton, 4th Beach	1	1
De Waal Park	1	1
Dock Road, Cape Town	3	—
Early Morning Market, Sir Lowry Road	3	1
Green Point Common	1	—
Greenmarket Square	2	2
Hanover Street, Cape Town	1	1
Jurgens Park	1	—
Kalk Bay	2	1
Kalk Bay Beach (non-European)	1	1
Keurboom Park	1	—
Kloof Nek	1	1
Ladies' Rest Room, Darling Street	—	2
McGregor Street, Cape Town	1	1
Margate Road, Muizenberg	1	1
Mayor's Garden	2	1
Maitland Outspan	2	1
Maitland Park	1	1
Mowbray	2	1
Muizenberg Beach	2	2
Museum, Cape Town	2	1
Newlands	1	1
Queen's Park	1	1
Queen Victoria Street, Cape Town	1	1
Ralph Street, Claremont	2	2
Riebeeck Square	1	1
St. Andrew's Square	2	—
St. James' Beach	1	1
Salt River Market	3	2
Saunders Rocks (Sea Point)	1	1
Sea Point Swimming Pool (non-European)	1	1
Searle Street, Woodstock	2	1
Shelley Street, Salt River	1	1
Spencer Road, Salt River	1	1
Station Road, Observatory	2	1
Strand Street, Cape Town	1	1
Three Anchor Bay (children's playground)	—	—
Trafalgar Park	1	1
Victoria Walk	1	1
Windermere	2	2
Wynberg	2	1
	74	53
Relief attendants	14	11
	88	64

*The male attendant is also in charge of the sanitary convenience at the children's playground Three Anchor Bay.

MUNICIPAL WASHHOUSES.

There are now seven washhouses in the Municipality of Cape Town, namely, at Hout Street, Platteklip, Hanover Street, Salt River, Mowbray, Claremont and Wynberg. At each of four washhouses there is a caretaker, at each of two an assistant caretaker, and at one washhouse (Hout Street) there are two caretakers. All the washhouses are supplied with cold water only, and the drying and bleaching are done in the open air. At the Hanover Street washhouse the washing troughs are supplied with steam, and "hydro-extractor" drying chambers, ironing machines and electric irons are provided.

The charges for washing and ironing are: for washing 6d. per day and for ironing (including use of electric irons) 2d. per hour at all the washhouses, except the Hanover Street washhouse, where the charges are 1s. per half-day and 2s. per full day for washing and ironing (combined).

At Hout Street washhouse there is an installation for hot and cold water shower-baths. The charges for the use of the shower-baths are as follows: adults 3d., children 2d.

The attendances and takings at the washhouses (including ironing rooms) during the year ended 30th June, 1955, were as follows:—

	Attendances.	*Money taken.*
		£ s. d.
Hout Street	11,677	364 10 0
Platteklip	722	17 14 0
Hanover Street	9,012	840 9 0
Salt River	4,041	92 18 10
Mowbray	10,297	379 15 4
Claremont	11,111	319 5 4
Wynberg	4,979	189 2 0
	51,839	2,203 14 6

The attendances and takings at the Hout Street shower-baths during the year ended 30th June, 1955, were as follows:—

	Shower-baths.	
	Attendances.	Money taken.
		£ s. d.
Adults	37,393	467 8 3
Children	498	4 3 0
Total	37,891	£471 11 3

HOUSING.

The greater part of the Cape Town Municipality consists of houses built of masonry according to the standards of the time of their erection, served by the municipal water supply and water-carriage sewerage, and with well-constructed streets. Most of the dwellings are separate houses built for one family each, detached, semi-detached or in terraces. Private enterprise is to-day making no provision for the housing of the lower income groups owing to the high building costs of erecting such dwelling and have concentrated on the erection of large blocks of flats. Such flat development is taking place all over the Municipality but far and away the most popular suburb for such development is the Sea Point, Three Anchor Bay and Green Point areas. There is a decided danger in the overcrowding of any one area with large flat blocks owing to the danger of ultimate deterioration of both building and inmates and the possibility of slum conditions eventually developing.

If the houses were occupied in the manner originally intended, housing conditions would be mainly satisfactory. The chief factor responsible for slum conditions is the overcrowding caused by the fact that there are not enough houses for the population, itself the result of economic conditions. Houses suitable for one family, and in many cases small even for one large family, are occupied by several families, sometimes to the extent of one family per room. The overcrowded families are naturally mostly from the poorest strata of society, usually (though not invariably) non-European, and often of low social standard. The resulting squalor is increased by decay of the fabric of the houses which such occupation induces.

The same shortage of houses and economic stringency is largely responsible for the other phase of the local housing problem, viz., the occupation of unauthorized and insanitary structures on the Cape Flats fringing Cape Town, often without made roads, water supply or sanitary services, and sometimes subject to winter flooding. The Council has ample powers to prohibit such building and occupation, but has not found itself prepared to drive out the occupants from the only shelter available for them.

These housing conditions have been aggravated by the influx of Natives from the territories attracted by the prospect of remunerative employment. Nevertheless they are of old standing. The Director of Census published a statistical report on Coloured housing in Cape Town based on the 1921 census; and the Medical Officer of Health submitted a report in 1924 and 1932 based on a housing survey in central Cape Town, in which the overcrowding and housing shortage were clearly brought out and municipal housing urged as the primary remedy. The matter has since been the subject of repeated consideration by the Council and its committees and officers. Since 1920 up to 30th June, 1955, the City Council and the Citizens' Housing League Utility Company have completed the erection of over 10,000 dwellings, in addition to the building of Langa Native Township.

The dwellings completed by the City Council in the year under review were as follows:—

	Houses.	Hostels.	Average cost per dwelling.
Bridge Town, Athlone (non-European)	404	—	£440
Langa Native Township..	—	186	£1,060

The hostel units referred to above are built according to the National Housing and Planning Commission plan, modified to suit local conditions. Each unit accommodates 16 men. The Council has received authority and funds to build a total of 849 units, providing accommodation for 13,584 single men.

In the year under report, the Citizens' Housing League Utility Company erected 106 houses for Europeans at the Thornton Township, Pinelands, at an average cost of £2,300 each, one building comprising shop premises and four flats, and 14 dwellings at Bishop Lavis Township, all outside the municipal area.

The Servitas Housing Organization, which commenced building operations in July, 1954, reports the following work undertaken during the year:—

Da Gama Garden Village, Prince George Drive.
31 two and three-bedroom houses, completed December, 1954.

Van der Stel Garden Village, Prince George Drive.
10 three-bedroom houses, completed July, 1955.

Somerset Garden Village, Prince George Drive.
9 three-bedroom houses, commenced March, 1955. Incomplete.

Somerset Extension Scheme.
11 three-bedroom houses, commenced May, 1955. Incomplete.

These housing schemes are situate outside the municipal area but adjacent to the city boundary at Grassy Park. The houses are all single units and limited to non-European occupation. The cost varies from approximately £900 for single bedroom houses to £1,850 for the three-bedroom types. Further schemes have already been planned and are scheduled to commence next year.

The dwellings completed bring the figures from 1920 to 30th June, 1955, for public housing operations in Cape Town and suburbs (exclusive of Langa Native Township) to the following:—

Within Cape Town municipal area:			
City Council	1,046	5,426	6,472
Citizens' Housing League Utility Co.	942	28	970
	1,988	5,454	7,442
Outside Cape Town municipal area:			
Citizens' Housing League Utility Co.	2,313	414	2,727
Servitas Housing Organization	—	41	41
Total	4,301	5,909	10,210

The number of new dwelling houses built in the calendar year 1955 in the Municipality (abstracted from the City Engineer's return) as compared with the growth of population is shown in the following table:—

Year.	Estimated increase in population.	Buildings for human habitation completed (dwellings).	Year.	Estimated increase in population.	Buildings for human habitation completed (dwellings).
1915	3,980	123	1935	6,430	1,937
1916	4,110	103	1936	5,220	1,320
1917	4,240	99	1937	5,270	1,272
1918	4,380	69	1938	4,710	1,274
1919	4,500	91	1939	4,840	1,555
1920	4,680	139	1940	4,970	2,086
1921	5,340	210	1941	5,100	1,489
1922	4,950	308	1942	7,450	1,063
1923	5,080	425	1943	8,800	651
1924	5,220	561	1944	10,150	1,005
1925	5,380	335	1945	10,400	870
1926	5,320	444	1946	10,750	778
1927	5,070	675	1947	10,540	990
1928	5,450	846	1948	11,010	1,086
1929	5,570	1,773	1949	11,500	1,638
1930	5,700	1,320	1950	12,000	610
1931	5,640	1,564	1951	12,540	692
1932	6,000	1,102	1952	13,100	937
1933	6,150	1,068	1953	13,680	734
1934	6,270	1,711	1954	14,310	472
			1955	14,960	2,155*

City extended by incorporation of the district of Windermere, 1943-44.

* 593 houses and 122 blocks of flats containing 1,562 flats.

SECTION X.—OTHER SERVICES.

DOMICILIARY MEDICAL SERVICE.

The City Council provides medical attention in their homes for indigent sick persons needing such service. Since 1st April, 1944, the work has been carried out by a permanent medical officer. It is done in co-operation with the District Nursing Organization of the Cape Provincial Administration. Arrangements for the supply of medicines, etc., are made with local chemists.

The visits made by the medical officer in the year under report were as follows:—

Ward 1	37	Ward 10	118
,, 2	118	,, 11	9
,, 3	166	,, 12	118
,, 4	53	,, 13	48
,, 5	660	,, 14	65
,, 6	498	,, 15	515
,, 7	363		
,, 8	314	Total	3,170
,, 9	88		

One half of the cost of medical attention and medicines and the full cost of surgical appliances are refunded to the City Council by the Union Government.

FREE BURIALS.

The Public Health Act places upon the City Council the responsibility for the removal and burial of the body of any destitute person, or any dead body which is unclaimed or of which no responsible person undertakes the burial. The cost falls upon the City Council, although it may be legally recovered from any responsible person who is able to pay. Practically all such burials undertaken by the Council are of the bodies of persons whose relations are unable to pay, and very little is recovered. Each year a contract is given out to an undertaker to carry out this work for the Council. In the year ended 30th June, 1955, the number of such burials was 372.

RELIEF WORKS.

During the period under review an average of 177 men have been employed on relief works maintained by the City Council. The total expenditure of the Council under this heading in the year 1954-55 was £50,610 9s. 10d. of which £29,458 17s. 10d. was paid in wages, including cost-of-living allowances. The Government repaid to the Council £17,031 14s. 1d. in the form of subsidy.

BOARD OF AID.

Poor relief in the City of Cape Town is administered by the Cape Town General Board of Aid instituted under the Poor Relief and Charitable Institutions Ordinances of 1919 and 1924. The Board consists of nine members, including the Mayor of Cape Town and three members of the City Council.

Its funds are provided by the Department of Social Welfare, supplemented to some extent by voluntary donations. Under section 16 of the Finance Act, No. 27 of 1940, the responsibility of the Provincial Administration in this matter was transferred to the Union Department of Social Welfare as from 1st April, 1940.

The Secretary of the Board of Aid has kindly supplied the following statistics for the calendar year 1955.

	£	s.	d.
Income from voluntary sources	476	18	6
Subsidy from Department of Social Welfare	34,002	18	10
Expenditure on relief, excluding administration costs	12,016	7	5
Number of applications received	1,662		

The Board maintains a hostel in Canterbury Street for Coloured old-age pensioners of both sexes. Accommodation is provided for 105 pensioners. Aged Coloureds are accommodated in the Hostel at £2 5s. 0d. per month inclusive. Recreational facilities and other amenities are provided to make old age as comfortable as possible.

Two day nurseries are maintained by the Board. The Tafelberg Day Nursery in Canterbury Street accommodates 106 Coloured children aged three months to six years. The European nursery in Harrington Street has accommodation for 50 children.

HYDROGEN CYANIDE FUMIGATION.

Under the Hydrogen Cyanide Fumigation Regulations (Government Notices Nos. 804 of 30th April, 1943, and 605 of 13th April, 1945), no person may undertake the fumigation of any "building or premises" with hydrogen cyanide unless he has obtained a certificate of competence from the Union Health Department or a "First Schedule" local authority. Certificates granted by local authorities are subject to confirmation and counter-signature by the Secretary for Health. A certificate may not be issued unless the candidate worked for 12 months as a fumigator prior to 30th April, 1943, or has worked for six months under a certificated fumigator.

In August, 1943, the Medical Officer of Health, Cape Town, was requested and authorized by the Secretary for Health to undertake the examination and certification (subject to the prescribed confirmation), of candidates from areas outside Cape Town not under "First Schedule" authorities.

In the year ended 30th June, 1955, there were no certificates issued by the Medical Officer of Health.

DRAINAGE, SEWERAGE AND SCAVENGING.

Stormwater Drainage.

A great part of the Municipality, being built on the slopes at the foot of the mountain, is well placed for drainage, but on parts of the Flats natural drainage scarcely exists and in the wet season the ground water level over a considerable area is very near the surface. In some portions there is standing water during much of the winter, but this is being gradually overcome by the extension of the drainage system.

The town is sewered on the "separate" system, the stormwater being taken by separate channels to the nearest natural outfall, namely the sea, or the Liesbeek and Black Rivers with their tributaries, which drain the "southern suburbs" north of Kenilworth and flow into Table Bay as the Salt River. South of Kenilworth the streams discharge into a series of vleis and thence to the sea.

Stormwater Progress.

Progress was made with the canalization of portions of the Liesbeek, Black and Sand Rivers. The Keyser River has now been widened and deepened from Zand Vlei to the Main Road. A start has been made on the canalization of the Diep River upstream from Little Princess Vlei.

Sewerage.

With the exception of a few outlying areas, such as Windermere, portions of Athlone, Crawford, Claremont, Heathfield, Retreat, etc., practically the entire built-up part of the Municipality is provided with water-borne sewerage facilities.

Rapid progress is being made in the construction of the Windermere, Belmead and the Retreat main sewerage schemes. Portions of Belmead and Retreat areas have already been connected to the sewerage system.

Good progress has been made with the construction of the Clovelly sewerage reticulation.

Pail Closets.

The City Engineer's Department undertakes the weekly collection of stercus in the outlying unsewered areas, but two removals weekly are effected in the Windermere area. In parts of the Cape Flats this work is carried out with great difficulty owing to the lack of roads. The men and wagons have to plough through heavy sand and bush, and, in winter, through water, to reach isolated places. On Muizenberg Flats in the sand dunes, animal-drawn sledges have to be used for the work. The work is carried out in the day time. An initial payment of £1 7s. 6d. is required for the installation of a pail but no charge is made for ordinary removals and renewals. Extra removals are carried out, when necessary, at a charge of 1s. 3d. per removal.

The stercus collected in the district Diep River to Heathfield is buried in trenches on municipal land at Southfield. Elsewhere it is passed in to the sewers at the depositing depots at Camps Bay Maitland, Kensington, Athlone, Kenilworth and Muizenberg.

In continuance of a longstanding arrangement, certain properties in the undrained areas of the old Wynberg Municipality and in Clovelly, were permitted to continue using "O'Brien" dry earth closets. As in the past, these closets were serviced by a private firm under contract with the Council. The Council paid for all initial weekly clearances from these closets.

As the sanitary contractor concerned retired from business on the 31st March, 1955, the City Engineer's Department has taken over and carried on this service as from 1st April, 1955. The City Engineer's Department also continues to service all "O'Brien" installations in other undrained areas where property owners prefer such dry earth closets to the ordinary sanitary pails. In all such cases owners are required to pay an installation fee of £19 10s. 0d., together with 2/6d. for each clearance effected. Temporary installations are also made and serviced on building sites, etc., upon payment of the prescribed charges.

The City Engineer's Department also provides a slop water service for a small number of properties in the Clovelly area.

House Refuse Removals.

The removal of house refuse is carried out by the Cleansing Branch of the City Engineer's Department as follows:—

In Cape Town proper, every weekday, and on Sundays in certain congested parts. Sunday services are carried out at other premises, also, on special payment

In Green Point and Sea Point four times a week. Hotels and boarding houses, however, have a service every weekday and on Sundays, if required, subject to special payment.

In Woodstock and Salt River (from Cape Town to Station Road, Observatory) four times a week at general properties, but every weekday at certain business premises.

In the Southern suburbs from Mowbray to Heathfield and in the Maitland ward, three times a week but with a daily service to certain business premises.

In Windermere two removals weekly.

In Muizenberg-Kalk Bay, four times a week in respect of general properties, but every weekday for hotels, boarding-houses and certain business premises. During the summer season refuse removals are executed from hotels on Sundays on payment of a special charge.

Clifton, Camps Bay and Lakeside three times a week.

Added areas on the Cape Flats, twice a week.

During the year the quantity of refuse removed was 501,092 cubic yards.

In all areas house refuse is disposed of by controlled tipping.

SECTION XI.—STAFF OF CITY HEALTH DEPARTMENT.

The authorized establishment of the City Health Department, as at 30th June, 1955, was as follows:—

Administrative Branch.

Medical Officer of Health.
Deputy Medical Officer of Health.
Assistant Deputy Medical Officer of Health.
Chief Administrative Officer.
Assistant Administrative Officer.
Chief Clerk.
Principal Clerk.
Clerks-in-Charge, 8.
Senior Clerks, 11.
Junior Clerk.
Senior Clerk/Typiste.
Senior Shorthand Typiste.
Head Office Messenger.
Messenger (works and districts).
Motor Driver.
Caretaker/Cleaner.
Labourer.

Health Inspection Branch.

Chief Health Inspector.
Assistant Chief Health Inspector.
Divisional Health Inspectors, 5.
Pest Control Officers, 4.
Senior Health Inspectors, 22.
Health Inspectors, 7.
Learner Health Inspectors, 3.
Senior Clerk.
Junior Clerk.
Clerk/Typist.
Washhouse Caretaker/Fitter.
Washhouse Caretakers, 6.
Assistant Washhouse Caretakers, 3.
Ratcatchers, 16.
Ratcatchers' Assistants, 9.
Ratcatchers' Assistant-Learner.
Motor Driver.
Checker.
Fireman/Stoker.
Labourers, 5.
Stores-Yardsman.
Attendants at Public Sanitary Conveniences, 152.

Dairy Inspection.

Veterinary Officer.
Dairy Inspectors, 3.
Laboratory Technician.

Maternal and Child Welfare Branch.

Maternal and Child Welfare Officer.
Deputy Maternal and Child Welfare Officer.
Clinical Medical Officers, 2.
Chief Health Visitor.
Assistant Chief Health Visitor.
Clinic Sisters/Health Visitors, 34.
Senior Health Visitor.
Health Visitors, 2.
Clinic Nurse/Junior Health Visitors, 5.
Junior Health Visitors, 5.
Social Welfare Visitor.
Clinic Assistants, 4.
Senior Clerk.
Senior Clerk/Typistes, 2.
Clerk/Typiste.
Junior Shorthand/Typiste.
Nursery School Supervisor.
Nursery School Teachers, 2.
Junior Nursery School Teacher.
Junior Creche Superintendent.
Domestics, 19.
Children's Helps, 3.
Cooking Hands, 15.
Laundresses, 3,

Motor Drivers, 4.
Labourer.
Nightwatchmen, 2.

VENEREAL DISEASE BRANCH.

Venereal Disease Officer.
Deputy Venereal Disease Officer.
Clinic Sister.
Male Nurse.
Clinic Nurse.
Senior Clerk.
Domestic.
Labourers, 2.

TUBERCULOSIS BRANCH.

Tuberculosis Officer.
Deputy Tuberculosis Officer.
Clinical Medical Officer.
Senior Radiographer.
Clerk-in-Charge.
Senior Clerks, 4.
Clerks, 2.
Junior Clerks, 2.
Senior Clerk/Typiste.
Clerk/Typiste.
Clinic Sister/Health Visitors, 11.
Clinic Nurse.
Clinic Assistants, 4.
Domestic.
Caretaker/Cleaner.
Labourers, 2.

DENTAL BRANCH.

Chief Dental Officer.
Deputy Dental Officer.
Assistant Dental Surgeon.
Dental Mechanics, 4.
Dental Mechanic (Apprentice).
Senior Clerks, 2.
Clerk.
Senior Clerk/Typiste.
Senior Clinic Nurse.
Dental Nurses, 4.
Clinic Assistants, 3.
Social Welfare Visitor.
Laundress.
Domestic.
Caretaker/Cleaner.
Labourer.

CITY HOSPITAL, INCLUDING AMBULANCE AND DISINFECTION SERVICES.

Medical Superintendent of Hospitals.
Deputy Medical Superintendent of Hospitals.
Resident Medical Officers, 2.
House Physicians, 3.
Matron.
Assistant Matron.
Sisters, 20.
Staff Nurses, 18.
Student Nurses, 24.
Nurses, 5.
Nurse Aides, 28.
Nursing Assistants, 44.
Head Male Nurse.
Male Nurses, 3.
Chief Pharmacist.
Senior Pharmacist.
Pharmacists, 3.
Radiographer.
Disinfection Officer.
Ambulance Officer.
Principal Clerk.
Senior Clerks, 2.
Junior Clerk.
Senior Clerk/Typists 2.
Clinic Assistant.
Senior Works Foreman.
Handyman/Electrician.
Handyman/Carpenter.
Brush-hand.
Works Storeman.
Boiler Attendant.
Painter.
Labourers, 15.
Laundry Supervisor.
Laundresses, 38.
Seamstresses, 4.
Housekeeper.
Housemaids, 36.
Native Male Orderlies, 56.
Hospital Cooks, 5.
Senior Telephone Operators, 2.
Telephone Attendant.
Senior Hospital Porter.
Hospital Porters, 4.
Ambulance and Motor Drivers, 5.

BROOKLYN HOSPITAL FOR CHEST DISEASES.

Deputy Medical Superintendent.
Resident Medical Officers, 3.
Intern.
Matron.
Sisters, 13.
Staff Nurses, 27.
Non-European Nurse Aides, 45.
Non-European Male Nursing Assistants, 2.
Radiographer.
Occupational Therapist.
Lady Warden.
Clinic Assistant.
Senior Clerks, 2.
Senior Works Foreman.
Handyman/Carpenter.
Brush-hand.
Boiler Attendant.
Labourers, 15.
Storekeepers, 2.
Housekeeper.
Seamstress.
Kitchen Supervisor.
Hospital Cooks, 4.
Native Male Orderlies, 60.
Hospital Porters, 4.
Senior Telephone Operator.
Telephone Operators, 2.
Patrolmen, 3.
Motor Driver.

NATIVE HOSPITAL, LANGA.

Medical Officer.
House Physicians, 2.
Matron.
Sister.
Native Nurses, 6.
Junior Male Nurse (Native).
Native Male Nursing Assistants, 4.
Native Midwives, 3.
Native Male Orderlies, 2.
Housemaid.
Domestic.
Hospital Cooks, 2.

DOMICILIARY MEDICAL SERVICE.

Medical Officer for Indigent Sick.

The services of part-time medical and dental officers are engaged at the clinics.

At the City Hospital consulting specialists and surgeons are called in when required.

CHANGES IN PERSONNEL.

Dr. E. P. Woodrow, Maternal and Child Welfare Officer, retired from the service on account of ill health on 28th February, 1955, after 19 years service in the City Health Department. She was succeeded by Dr. I. Robertson, who joined the department as Senior Assistant Maternal and Child Welfare Officer on 3rd June, 1946.

Mr. R. W. Robinson, health inspector, retired on attaining the age of superannuation on 28th June, 1955, after 25 years service.

Mr. N. K. Redpath, pest control officer, retired on attaining the age of superannuation on 31st August, 1954, after 29 years service.

Mr. H. P. Staal, clerk-in-charge, retired on attaining the age of superannuation on 16th August, 1954, after 37 years service.

TABLE A1. INTERMEDIATE LIST OF CAUSES OF DEATH REGISTERED IN 1954-55 (CLASSIFIED FOR CAUSES, RACE, SEX AND AGE-GROUPS).

Deaths in Cape Town of non-Residents (Outward Transfers) are excluded from the table proper and shown separately. (52 weeks ended 1st July, 1955.)

E.—EUROPEAN. O.—OTHER, OR NON-EUROPEAN.

SUMMARY.

AGE-GROUPS: CORRECTED FOR OUTWARD TRANSFERS.

CAUSE OF DEATH.	Race.	0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and upwards		TOTALS.			Deaths in Cape Town of Non-Residents. (Excluded from foregoing columns.)	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Persons.	M.	F.
I.—Infective and parasitic diseases	E.	1	–	–	1	4	1	5	2	–	–	–	–	1	1	2	2	3	2	13	–	5	1	4	–	3	–	1	–	37	8	45	13	6
	O.	26	34	35	42	24	35	85	111	6	3	3	1	20	20	33	27	31	11	35	8	35	1	10	5	1	2	–	–	259	189	448	65	44
II.—Neoplasms	E.	–	1	–	1	–	2	–	4	1	–	–	–	1	–	2	3	10	12	24	26	30	26	47	29	37	33	8	12	160	145	305	74	49
	O.	–	–	–	–	1	3	1	3	1	1	1	–	4	1	7	3	10	8	32	22	28	24	24	25	7	5	–	5	115	97	212	28	8
III.—Allergic, endocrine system, metabolic and nutritional diseases	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	4	3	4	6	4	7	–	1	12	20	32	5	3
	O.	–	1	3	5	1	2	4	8	–	–	–	–	–	–	3	2	1	3	1	6	3	6	3	7	2	7	1	1	18	40	58	7	6
IV.—Diseases of the blood and blood-forming organs ..	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	1	–	–	–	–	1	–	–	1	2	3	1	1
	O.	–	1	1	–	–	1	1	2	–	–	1	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	3	3	6	–	1
V.—Mental, psychoneurotic and personality disorders	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	–	–	–	2	–	2	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	1	–	3	–	–	–	1	–	–	–	5	1	6	–	–
VI.—Diseases of the nervous system and sense organs	E.	–	–	–	1	–	–	–	1	–	–	–	–	–	2	1	1	4	3	6	8	17	12	25	29	45	61	12	21	110	138	248	25	20
	O.	9	6	5	–	4	1	18	7	4	2	1	–	4	1	2	1	9	12	22	33	21	32	27	43	15	23	7	9	130	163	293	16	25
VII.—Diseases of the circulatory system	E.	–	–	–	–	–	–	–	–	1	–	1	1	1	1	2	–	12	9	52	20	88	42	107	78	107	93	31	41	402	285	687	75	28
	O.	–	1	–	–	1	2	1	3	1	2	2	2	4	9	9	11	25	15	45	42	59	60	66	73	35	47	17	24	264	288	552	20	19
VIII.—Diseases of the respiratory system (not specified as tuberculous)	E.	2	1	–	–	–	–	2	1	1	–	2	1	–	–	1	–	2	1	2	2	7	6	12	3	21	16	4	9	54	39	93	12	7
	O.	79	58	25	19	17	10	121	87	2	6	–	1	5	–	2	2	12	2	5	2	9	3	9	3	2	3	2	5	169	114	283	22	16
IX.—Diseases of the digestive system	E.	3	2	–	1	–	–	3	3	–	–	–	–	1	–	4	–	1	–	6	6	14	5	14	5	8	10	1	4	52	33	85	25	13
	O.	253	217	89	89	15	18	357	324	2	1	1	1	3	2	5	1	5	2	12	1	6	3	7	1	3	3	–	1	401	340	741	61	53
X.—Diseases of the genito-urinary system ..	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	4	2	1	3	8	8	10	8	5	3	29	27	56	10	7
	O.	–	1	–	2	1	1	1	4	3	–	–	–	2	–	7	1	4	5	2	5	5	2	3	4	3	3	3	–	33	24	57	5	8
XI.—Deliveries and complications of pregnancy, childbirth and the puerperium	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	–	1	–	–	–	–	–	–	–	–	–	–	–	4	4	–	2
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	7	–	11	–	3	–	–	–	–	–	–	–	–	–	–	–	21	21	–	6
XII.—Diseases of the skin and cellular tissue	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	–	–	–	–	–	1	–	1	–	–	–	–	–	–	1	–	–	–	–	–	–	1	–	–	–	–	–	–	1	2	3	1	–
XIII.—Diseases of the bones and organs of movement ..	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	–
	O.	1	–	–	–	1	–	2	–	–	–	–	–	–	–	–	1	1	–	–	–	–	1	–	–	1	1	–	–	4	3	7	–	1
XIV.—Congenital malformations	E.	13	5	–	2	–	–	13	7	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	13	7	20	15	9
	O.	16	15	–	3	1	1	17	19	–	1	–	–	–	1	1	–	–	1	–	–	–	–	–	–	–	–	–	–	18	22	40	4	3
XV.—Certain diseases of early infancy	E.	25	14	–	–	–	–	25	14	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	25	14	39	12	15
	O.	162	145	–	–	–	–	162	145	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	162	145	307	41	38
XVI.—Symptoms, senility and ill-defined conditions ..	E.	1	–	–	–	1	–	2	–	–	–	–	–	–	2	–	–	2	3	1	1	4	2	3	4	10	8	5	7	27	27	54	13	6
	O.	17	16	8	10	2	2	27	28	–	1	–	–	1	3	5	1	4	5	9	5	4	4	2	1	2	5	2	2	56	55	111	8	5
(E)XVII.—Accidents, poisonings and violence (external cause)	E.	3	1	–	1	1	–	4	2	4	–	–	–	6	–	3	1	7	2	11	1	3	4	6	4	5	3	1	3	50	20	70	21	8
	O.	3	8	5	1	6	6	14	15	11	2	4	1	24	8	36	5	18	2	11	1	6	1	–	2	–	–	–	2	124	39	163	45	9
Totals	E.	48	24	–	7	6	3	54	34	7	–	3	2	10	7	15	11	42	35	119	69	175	104	230	166	251	240	68	101	974	769	1,743	304	174
	O.	566	503	171	171	74	83	811	757	30	19	13	6	67	52	111	67	121	70	175	125	179	138	151	164	72	99	32	49	1,762	1,546	3,308	323	242
Totals, all races		614	527	171	178	80	86	865	791	37	19	16	8	77	59	126	78	163	105	294	194	354	242	381	330	323	339	100	150	2,736	2,315	5,063*		

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* Including the deaths of 12 newly-born infants (8 males and 4 females) of unknown race.

CAUSE OF DEATH.	Race.	AGE-GROUPS: CORRECTED FOR OUTWARD TRANSFERS.																												TOTALS.			Deaths in Cape Town of Non-Residents (excluded from foregoing columns).	
		0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and upwards.				Persons.		
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		M.	F.
I. INFECTIVE AND PARASITIC DISEASES.																																		
Tuberculosis of respiratory system	E.	–	–	–	–	1	–	1	–	–	–	–	–	1	–	2	–	3	2	11	–	3	1	3	–	1	–	–	–	25	3	28	1	–
	O.	5	11	14	11	7	7	26	29	3	–	1	–	15	16	27	24	27	9	29	8	32	1	8	3	1	2	–	–	169	92	261	13	7
Tuberculosis of meninges and central nervous system ..	E.	1	–	–	–	1	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	3	1
	O.	2	5	8	13	7	11	17	29	–	1	–		–	1	1	–	1	1	2	–	–	–	–	–	–	–	–	–	21	32	53	19	8
Tuberculosis of intestines, peritoneum and mesenteric glands ..	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	1	–	1	1	1
Tuberculosis of bones and joints	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	–	–
Tuberculosis, all other forms	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1	2	2	–
	O.	6	6	3	5	2	3	11	14	–	–	1	–	1	–	–	1	–	–	–	–	2	–	1	–	–	–	–	–	16	15	31	4	3
Congenital syphilis ..	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	2	1	1	–	–	–	3	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	1	4	1	–
Early syphilis	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Tabes dorsalis	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
General paralysis of insane	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–	1	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–
All other syphilis ..	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	2	–	–	–	3	–	3	1	1
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	3	–	1	–	1	1	–	–	–	–	7	1	8	–	1
Gonococcal infection ..	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Typhoid fever	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	2	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	3	2	5	3	4
Paratyphoid fever and other salmonella infections	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–
Cholera	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Brucellosis (undulent fever)	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Dysentery, all forms ..	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	2	–	–	–	–	–	–	–	2	1	3	–	–
	O.	2	–	–	1	1	1	3	2	–	–	–	–	–	1	1	–	–	1	–	–	–	–	–	1	–	–	–	–	4	5	9	1	1
Scarlet fever	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Streptococcal sore throat	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Erysipelas	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Septicaemia and pyaemia	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2
Diphtheria	E.	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	1
	O.	1	1	–	3	–	3	1	7	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	7	8	8	6
Whooping cough ..	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	5	3	5	5	1	4	11	12	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	11	12	23	2	
Meningococcal infections	E.	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–
	O.	1	–	–	–	1	1	2	1	–	–	–	1	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	3	2	5	2	–
Plague	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Leprosy	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Tetanus	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
	O.	1	–	–	–	1	–	2	–	3	2	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	6	3	9	8	5
Anthrax	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Acute poliomyelitis ..	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1
Acute infectious encephalitis	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2
	O.	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–
Late effects of poliomyelitis and encephalitis	E.	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Smallpox	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Measles	E.	–	–	–	1	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–
	O.	1	6	4	4	4	4	9	14	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	9	14	23	1	–
Yellow fever	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Infectious hepatitis ..	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	1	–	1	1	–
	O.	–	–	–	–	–	–	–	–	–	–	1	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	–	–

International Code No.	CAUSE OF DEATH.	Race.	AGE-GROUPS: CORRECTED FOR OUTWARD TRANSFERS.																												TOTALS.			Deaths in Cape Town
			0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and upwards.				Persons.	
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		M.
	I. (*Contd.*)																																	
094	Rabies	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
100–108	Typhus and other rickettsial diseases	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
110–117	Malaria	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
123	Schistosomiasis	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
125	Hydatid disease	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	1
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–
127	Filariasis	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
129	Ankylostomiasis	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
124, 126, 128, 130	Other diseases due to helminths	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	All other diseases classified as infective and parasitic	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	1	–	–	–	–	–	1	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	–
	Totals for I	E.	1	–	–	1	4	1	5	2	–	–	–	–	1	1	2	2	3	2	13	–	5	1	4	–	3	–	1	–	37	8	45	13
		O.	26	34	35	42	24	35	85	111	6	3	3	1	20	20	33	27	31	11	35	8	35	1	10	5	1	2	–	–	259	189	448	65
	II. NEOPLASMS.																																	
140–148	Malignant neoplasm of buccal cavity and pharynx	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	1	3	–	3	2	–	–	7	3	10	1
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	2	–	2	–
150	Malignant neoplasm of oesophagus	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	1	–	2	–	2	–	1	1	–	–	8	1	9	4
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	1	3	–	1	–	–	–	–	–	7	1	8	3
151	Malignant neoplasm of stomach	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1	6	3	4	4	10	3	8	6	2	3	32	20	52	10
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	1	2	–	3	–	10	2	10	6	8	8	2	3	–	–	35	20	55	4
152, 153	Malignant neoplasm of intestine, except rectum	E.	–	1	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	1	1	4	–	–	5	3	2	7	1	2	9	18	27	5
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	2	–	3	2	3	–	–	–	3	4	11	15	–
154	Malignant neoplasm of rectum	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	1	–	–	1	2	1	–	1	3	4	7	3
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	2	1	–	–	1	–	–	3	3	6	–
161	Malignant neoplasm of larynx	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	1	1	–	–	–	2	2	4	1
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–	1	–
162, 163	Malignant neoplasm of trachea and of bronchus and lung not secondary	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	1	5	1	12	–	9	1	2	2	1	–	31	5	36	14
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	5	1	4	–	4	–	–	–	–	–	14	1	15	3
170	Malignant neoplasm of breast	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	3	–	6	–	8	1	8	–	7	–	–	1	33	34	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	4	–	3	–	1	–	–	–	1	–	11	11	–
171	Malignant neoplasm of cervix uteri	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	–	1	–	–	–	–	–	1	–	6	6	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	–	6	–	4	–	4	–	1	–	–	–	19	19	–
172–174	Malignant neoplasm of other parts of uterus	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	–	1	–	–	–	1	–	–	–	5	5	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	–	1	–	3	–	1	–	–	–	–	–	8	8	–
177	Malignant neoplasm of prostate	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	3	–	11	–	1	–	17	–	17	5
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	4	–	1	–	–	–	7	–	7	1
190, 191	Malignant neoplasm of skin	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	1	–	–	–	2	–	2	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
196, 197	Malignant neoplasm of bone and connective tissue	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–	1	–	–	–	3	–	3	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	3	–	3	–
	Malignant ueoplasm of all other and unspecified sites	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	1	–	6	4	8	8	12	8	4	5	3	4	34	31	65	13
		O.	–	–	–	–	1	1	1	1	–	1	1	–	2	–	–	1	1	1	8	4	6	2	2	7	4	–	–	1	25	18	43	14
204	Leukaemia aud aleukaemia	E.	–	–	–	1	–	–	–	1	1	–	–	–	1	–	–	–	1	–	–	1	1	–	1	–	–	–	–	1	5	3	8	11
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1
200–203, 205	Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	2	3	–	–	2	–	2	1	–	–	–	5	6	11	1
		O.	–	–	–	–	–	–	–	–	1	–	–	–	–	–	5	–	2	–	1	1	–	–	–	1	–	–	–	–	9	2	11	–
210–239	Benign neoplasms and neoplasms of unspecified nature	E.	–	–	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–	1	1	1	–	1	–	2	–	1	–	–	1	8	9	6
		O.	–	–	–	–	–	2	–	2	–	–	–	–	1	–	–	–	1	–	1	–	2	1	–	–	–	–	–	–	5	3	8	2
	Totals for II	E.	–	1	–	1	–	2	–	4	1	–	–	–	1	–	2	3	10	12	24	26	30	26	47	29	37	33	8	12	160	145	305	74
		O.	–	–	–	–	1	3	1	3	1	1	1	–	4	1	7	3	10	8	32	22	28	24	24	25	7	5	–	5	115	97	212	28

CAUSE OF DEATH.	Race.	AGE-GROUPS: CORRECTED FOR OUTWARD TRANSFERS.																												TOTALS.			Deaths in Cape Town of Non-Residents (excluded from foregoing columns)	
		0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and upwards.				Persons.		
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		M.	F.
III. ALLERGIC, ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES.																																		
Nontoxic goitre ..	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Thyrotoxicosis with or without goitre ..	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Diabetes mellitus ..	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	3	2	3	5	4	7	–	1	10	18	28	3	3
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	1	2	1	5	3	5	1	7	2	6	1	1	10	27	37	1	1
Avitaminosis and other deficiency states ..	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	1	–	1	–	–
	O.	–	–	1	4	1	2	2	6	–	–	–	–	–	–	1	–	–	–	–	–	–	1	–	–	–	1	–	–	3	8	11	5	4
All other allergic disorders, endocrinic, metabolic and nutritional diseases ..	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	1	–	–	–	–	1	2	3	2	–
	O.	–	1	2	1	–	–	2	2	–	–	–	–	–	–	1	1	–	1	–	1	–	–	2	–	–	–	–	–	5	5	10	1	1
Totals for III ..	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	4	3	4	6	4	7	–	1	12	20	32	5	3
	O.	–	1	3	5	1	2	4	8	–	–	–	–	–	–	3	2	1	3	1	6	3	6	3	7	2	7	1	1	18	40	58	7	6
IV. DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS.																																		
Anaemias	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	1	–	1
	O.	–	–	1	–	–	–	1	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	1	1	2	–	–
Other diseases of blood and blood-forming organs	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	1	–	–	–	–	–	–	–	1	1	2	1	–
	O.	–	1	–	–	–	1	–	2	–	–	1	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	2	2	4	–	1
Totals for IV ..	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	1	–	–	–	–	1	–	–	1	2	3	1	1
	O.	–	1	1	–	–	1	1	2	–	–	1	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	3	3	6	–	1
V. MENTAL, PSYCHONEUROTIC AND PERSONALITY DISORDERS.																																		
Psychoses	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	–	1	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	–	1	–	–
Psychoneurosis and disorders of personality..	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	1	–	1	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	3	–	–	–	–	–	–	–	4	–	4	–	–
Mental deficiency ..	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–
Totals for V ..	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	–	–	–	2	–	2	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	1	–	3	–	–	–	1	–	–	–	5	1	6	–	–
VI. DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS.																																		
Vascular lesions affecting central nervous system	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	–	2	3	5	8	16	12	25	26	40	55	12	21	100	127	227	21	14
	O.	–	–	1	–	–	–	1	–	1	–	–	–	2	–	2	–	7	10	22	31	21	30	25	38	15	23	5	9	101	141	242	7	11
Non-meningococcal meningitis	E.	–	–	–	1	–	–	–	1	–	–	–	–	–	–	1	–	–	–	1	–	–	–	–	1	–	1	–	–	2	3	5	2	2
	O.	4	3	2	–	–	–	6	3	–	1	1	–	–	–	–	–	2	–	–	–	–	–	–	–	–	–	–	–	9	4	13	4	6
Multiple sclerosis ..	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Epilepsy	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	2
	O.	–	1	–	–	–	–	–	1	1	1	–	–	–	1	–	–	–	1	–	–	–	1	–	–	–	–	–	–	1	5	6	–	–
Inflammatory diseases of eye	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Cataract	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Glaucoma	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Otitis media and mastoiditis	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	2	–	2	–	–
All other diseases of the nervous system and sense organs ..	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	2	–	–	–	1	–	–	2	5	5	–	–	8	8	16	1	2
	O.	5	2	2	–	3	1	10	3	2	–	–	–	2	–	–	1	–	1	–	2	–	1	2	5	–	–	1	–	17	13	30	5	8
Totals for VI ..	E.	–	–	–	1	–	–	–	1	–	–	–	–	–	2	1	1	4	3	6	8	17	12	25	29	45	61	12	21	110	138	248	25	20
	O.	9	6	5	–	4	1	18	7	4	2	1	–	4	1	2	1	9	12	22	33	21	32	27	43	15	23	7	9	130	163	293	16	25

International Code No.	CAUSE OF DEATH.	Race.	AGE-GROUPS: CORRECTED FOR OUTWARD TRANSFERS.																												TOTALS.			Deaths in Cape Town of Non-Residents (excluded from
			0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and up-wards.				Persons.	
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		M.
	VII. DISEASES OF THE CIRCULATORY SYSTEM.																																	
400–402	Rheumatic fever ..	E.	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	–
		O.	–	–	–	–	–	1	–	1	–	–	1	1	–	2	–	–	–	–	–	1	–	–	–	1	–	–	–	–	1	6	7	–
410–416	Chronic rheumatic heart disease	E.	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	–	1	1	2	2	4	2	3	1	–	2	–	–	12	8	20	3
		O.	–	–	–	–	–	–	–	–	1	1	–	1	1	3	1	4	4	5	5	7	3	3	–	–	–	–	–	–	15	24	39	3
420–422	Arteriosclerotic and degenerative heart disease	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	9	4	41	13	66	31	83	51	72	62	12	28	284	189	473	51
		O.	–	–	–	–	–	–	–	–	–	–	–	–	2	1	4	3	7	1	22	19	35	25	41	38	16	21	7	9	134	117	251	8
430–434	Other diseases of heart	E.	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	2	2	3	4	5	6	2	9	3	2	3	24	18	42	6
		O.	–	1	–	–	1	1	1	2	–	1	1	–	1	1	–	2	3	1	6	2	4	6	5	2	4	1	2	1	27	19	46	7
440–443	Hypertension with heart disease ..	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	3	1	2	8	7	4	5	2	18	15	33	3
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	1	2	6	7	5	5	11	6	7	2	5	25	36	61	–
444–447	Hypertension without mention of heart ..	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	2	5	2	4	1	3	11	7	7	2	2	22	25	47	4
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	1	2	–	7	6	7	7	8	16	9	12	6	12	–	3	39	57	96	1
450–456	Diseases of arteries ..	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	1	–	1	–	4	1	8	3	8	14	9	6	31	25	56	4
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	1	2	–	2	5	6	9	3	5	6	6	19	28	47	1
460–468	Other diseases of circulatory system ..	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	1	2	2	4	1	1	–	10	4	14	4
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	2	–	1	–	–	–	–	–	–	1	–	–	4	1	5	–
	Totals for VII ..	E.	–	–	–	–	–	–	–	–	1	–	1	1	1	1	2	–	12	9	52	20	88	42	107	78	107	93	31	41	402	285	687	75
		O.	–	1	–	–	1	2	1	3	1	2	2	2	4	9	9	11	25	15	45	42	59	60	66	73	35	47	17	24	264	288	552	20
	VIII. DISEASES OF THE RESPIRATORY SYSTEM.																																	
470–475	Acute upper respiratory infections ..	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–
480–483	Influenza	E.	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–	1	–	–	–	–	–	1	–	–	–	4	4	–
		O.	–	–	1	2	–	1	1	3	–	–	–	–	2	–	1	–	–	–	–	–	–	–	1	–	–	–	–	1	5	4	9	–
490	Lobar pneumonia ..	E.	1	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	2	–	2	–	1	1	1	–	4	1	–	1	11	3	14	1
		O.	7	2	2	5	1	1	10	8	–	1	–	–	–	–	–	–	4	–	1	–	1	–	2	–	–	1	–	–	18	10	28	1
491	Bronchopneumonia ..	E.	1	1	–	–	–	–	1	1	1	–	2	–	–	–	–	–	–	–	–	–	2	2	2	3	9	8	1	5	18	19	37	3
		O.	65	49	20	10	14	7	99	66	2	4	–	–	–	–	–	1	6	–	2	1	4	1	1	3	–	2	1	1	115	79	194	13
492, 493	Primary atypical, other and unspecified pneumonia	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	2	–	–	1	2	3	1
		O.	1	1	–	–	–	–	1	1	–	–	–	1	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	1	3	4	–
500	Acute bronchitis ..	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	1	–	2	1	3	–
		O.	4	5	1	1	1	–	6	6	–	1	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	2	7	9	16	2
501, 502	Bronchitis, chronic and unqualified	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	3	1	3	–	5	1	2	1	13	4	17	3
		O.	2	1	1	–	–	1	3	2	–	–	–	–	–	–	–	–	1	–	–	–	–	1	3	–	–	–	1	1	8	4	12	1
510	Hypertrophy of tonsils and adenoids ..	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
518, 521	Empyema and abscess of lung	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1
		O.	–	–	–	1	–	–	–	1	–	–	–	–	–	–	1	–	–	–	1	–	–	–	–	–	–	–	–	–	2	1	3	3
519	Pleurisy	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	All other respiratory diseases	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	2	5	–	2	2	–	2	9	6	15	3
		O.	–	–	–	–	–	–	–	–	–	–	–	–	3	–	–	1	1	2	–	1	4	–	2	–	2	–	–	–	12	4	16	2
	Totals for VIII ..	E.	2	1	–	–	–	–	2	1	1	–	2	1	–	–	1	–	2	1	2	2	7	6	12	3	21	16	4	9	54	39	93	12
		O.	79	58	25	19	17	10	121	87	2	6	–	1	5	–	2	2	12	2	5	2	9	3	9	3	2	3	2	5	169	114	283	22
	IX. DISEASES OF THE DIGESTIVE SYSTEM.																																	
530–535	Diseases of teeth and supporting structures	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
540	Ulcer of stomach ..	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	2	–	1	3	2	2	–	–	6	5	11	7
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	2	–	1	–	–	–	1	–	–	–	6	–	6	2
541	Ulcer of duodenum ..	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–	2	–	1	–	–	–	5	–	5	2
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1	–	–	–	–	–	–	2	1	3	1
543	Gastritis and duodenitis	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	–
550–553	Appendicitis	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–	1	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	1	–	–	–	–	–	1	–	–	–	2	2	4	1
560, 561, 570	Intestinal obstruction and hernia	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	–	–	1	1	1	3	6	1	2	5	–	1	12	11	23	6
		O.	1	–	–	–	–	–	1	–	–	–	–	–	–	1	2	–	2	1	–	–	2	1	3	–	–	1	–	1	10	5	15	1
571	Gastro-enteritis and colitis, except ulcerative, and diarrhoea of the newborn ..	E.	3	2	–	1	–	–	3	3	–	–	–	–	–	–	1	–	–	–	–	1	2	–	–	–	1	2	1	1	8	7	15	1
		O.	251	216	89	89	14	18	354	323	2	1	–	1	2	–	–	–	–	–	3	–	–	–	3	–	1	1	–	–	365	326	691	48
572	Chronic enteritis and ulcerative colitis ..	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	1	–	–	–	2	1	3	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
581	Cirrhosis of liver ..	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	2	5	–	–	–	–	–	–	1	8	3	11	5
		O.	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1	1	–	2	–	1	–	–	–	–	1	–	–	6	2	8	1

CAUSE OF DEATH.	Race.	AGE-GROUPS: CORRECTED FOR OUTWARD TRANSFERS.																												TOTALS.			Deaths in Cape Town of Non-Residents (excluded from foregoing columns).	
		0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and upwards.				Persons.		
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		M.	F.
IX. (*Contd.*)																																		
Cholelithiasis and cholecystitis	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	1	–	–	1	2	3	1	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	1	1	–	–
Other diseases of the digestive system	E.	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	–	1	1	2	1	3	1	1	–	–	1	9	4	13	3	3
	O.	–	–	–	–	1	–	1	–	–	–	1	–	–	–	1	–	1	–	3	1	1	–	1	1	–	–	–	–	9	2	11	7	2
Totals for IX	E.	3	2	–	1	–	–	3	3	–	–	–	–	1	–	4	–	1	–	6	6	14	5	14	5	8	10	1	4	52	33	85	25	13
	O.	253	217	89	89	15	18	357	324	2	1	1	1	3	2	5	1	5	2	12	1	6	3	7	1	3	3	–	1	401	340	741	61	53
X. DISEASES OF THE GENITO-URINARY SYSTEM.																																		
Acute nephritis	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	–	1	–	2	–	1	–	4	–	–	–		1	–	1	1	–	–	–	–	–		–	–	–	–	–	–	2	5	7	–	1
Chronic, other and unspecified nephritis	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	4	1	1	1	4	6	2	3	–	2	12	13	25	4	5
	O.	–	–	–	–	1	–	1	–	3		–	–	1	–	6		4	5	1	5	5	1	1	3	1	2	1	–	24	16	40	–	6
Infections of kidney	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	–	2	–	4	2	1	2	9	11	1	–
	O.	–	–		–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	1	–	1	–	–	1	2	3	4	–
Calculi of urinary system	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	2	2	2	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Hyperplasia of prostate	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	–	7	–	3	–	13	–	13	3	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	2	–	2	–	5	–	5	1	–
Diseases of breast	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Other diseases of genito-urinary system	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	1	–	1	1	–	–	2	3	5	–	2
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	1	1	2	–	1
Totals for X	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	4	2	1	3	8	8	10	8	5	3	29	27	56	10	7
	O.	–	1	–	2	1	1	1	4	3	–	–		2	–	7	1	4	5	2	5	5	2	3	4	3	3	3	–	33	24	57	5	8
XI. DELIVERIES AND COMPLICATIONS OF PREGNANCY, CHILDBIRTH AND THE PUERPERIUM.																																		
Sepsis of pregnancy, childbirth and the puerperium	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1
Toxaemia of pregnancy and the puerperium	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	3	–	3	–	1	–	–	–	–	–	–	–	–	–	–	–	7	7	–	2
Haemorrhage of pregnancy and childbirth	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	2	2	–	1
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	2	–	1	–	–	–	–	–	–	–	–	–	–	–	4	4	–	1
Abortion without mention of sepsis or toxaemia	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	3	–	4	–	1	–	–	–	–	–	–	–	–	–	–	–	8	8	–	–
Abortion with sepsis	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	2	2	–	–
Other complications of pregnancy, childbirth and the puerperium	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2
Totals for XI	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	–	1	–	–	–	–	–	–	–	–	–	–	–	4	4	–	2
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	7	–	11	–	3	–	–	–	–	–	–	–	–	–	–	–	21	21	–	6
XII. DISEASES OF THE SKIN AND CELLULAR TISSUE.																																		
Infections of skin and subcutaneous tissue	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	2	2	1	–
Other diseases of skin and subcutaneous tissue	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–
Totals for XII	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	–	–	–	–	–	1	–	1	–	–	–	–	–	–	1	–	–	–	–	–	–	1	–	–	–	–	–	–	1	2	3	1	–
XIII. DISEASES OF THE BONES AND ORGANS OF MOVEMENT.																																		
Arthritis and spondylitis	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–
	O.	1	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	1	–	–	–	–	1	–	–	–	1	–	–	2	2	4	–	1
Muscular rheumatism and rheumatism unqualified	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Osteomyelitis and periostitis	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–
	O.	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	2	–	2	–	–

International Code No.	CAUSE OF DEATH.	Race.	AGE-GROUPS: CORRECTED FOR OUTWARD TRANSFERS.																												TOTALS.			Deaths in Cape Town of Non-Residents
			0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and upwards.				Persons.	
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		M.
	XIII. (*Contd.*)																																	
737 745–749	Ankylosis and acquired musculoskeletal deformities	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	Other diseases of the bones and organs of movement	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–
	Totals for XIII ..	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3
		O.	1	–	–	–	1	–	2	–	–	–	–	–	–	–	–	1	1	–	–	–	–	1	–	–	1	1	–	–	4	3	7	–
	XIV. CONGENITAL MALFORMATIONS.																																	
751	Spina bifida and meningocele	E.	3	–	–	–	–	–	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	–	3	1
		O.	1	2	–	–	–	–	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	2	3	1
754	Congenital malformations of circulatory system	E.	5	1	–	1	–	–	5	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	5	2	7	7
		O.	6	9	–	3	1	–	7	12	–	1	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	8	14	22	1
	All other congenital malformations ..	E.	5	4	–	1	–	–	5	5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	5	5	10	7
		O.	9	4	–	–	–	1	9	5	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	9	6	15	2
	Total for XIV ..	E.	13	5	–	2	–	–	13	7	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	13	7	20	15
		O.	16	15	–	3	1	1	17	19	–	1	–	–	–	1	1	–	–	1	–	–	–	–	–	–	–	–	–	–	18	22	40	4
	XV. CERTAIN DISEASES OF EARLY INFANCY.																																	
760, 761	Birth injuries	E.	5	2	–	–	–	–	5	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	5	2	7	1
		O.	40	20	–	–	–	–	40	20	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	40	20	60	7
762	Postnatal asphyxia and atelectasis	E.	3	1	–	–	–	–	3	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	1	4	5
		O.	7	10	–	–	–	–	7	10	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	7	10	17	4
763–768	Infections of the newborn..	E.	2	1	–	–	–	–	2	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	1	3	1
		O.	19	23	–	–	–	–	19	23	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	19	23	42	7
770	Haemolytic disease of newborn	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2
		O.	4	6	–	–	–	–	4	6	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	4	6	10	1
769 771, 772	Other defined diseases of early infancy	E.	4	3	–	–	–	–	4	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	4	3	7	–
		O.	18	11	–	–	–	–	18	11	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	18	11	29	6
773–776	Ill-defined diseases peculiar to early infancy and immaturity unqualified ..	E.	11	7	–	–	–	–	11	7	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	11	7	18	3
		O.	74	75	–	–	–	–	74	75	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	74	75	149	16
	Totals for XV ..	E.	25	14	–	–	–	–	25	14	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	25	14	39	12
		O.	162	145	–	–	–	–	162	145	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	162	145	307	41
	XVI. SYMPTOMS, SENILITY AND ILL-DEFINED CONDITIONS.																																	
794	Senility without mention of psychosis ..	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	6	6	3	6	9	13	22	2
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	1	3	1	2	2	6	8	–
780–793, 795	Ill-defined and unknown causes of morbidity and mortality ..	E.	1	–	–	–	1	–	2	–	–	–	–	–	–	2	–	–	2	3	1	1	4	2	3	3	4	2	2	1	18	14	32	11
		O.	17	16	8	10	2	2	27	28	–	1	–	–	1	3	5	1	4	5	9	5	4	3	2	1	1	2	1	–	54	49	103	8
	Totals for XVI ..	E.	1	–	–	–	1	–	2	–	–	–	–	–	–	2	–	–	2	3	1	1	4	2	3	4	10	8	5	7	27	27	54	13
		O.	17	16	8	10	2	2	27	28	–	1	–	–	1	3	5	1	4	5	9	5	4	4	2	1	2	5	2	2	56	55	111	8
	(E) XVII. ACCIDENTS, POISONINGS AND VIOLENCE (EXTERNAL CAUSE).																																	
E810–E835	Motor vehicle accidents	E.	–	–	–	–	1	–	1	–	2	–	–	–	2	–	2	–	2	1	4	–	–	3	–	–	2	1	–	–	15	5	20	9
		O.	–	–	1	–	4	5	5	5	7	–	2	1	7	–	10	2	5	–	1	–	–	–	–	–	–	–	–	–	37	8	45	15
E800–E802, E840–E866	Other transport accidents	E.	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	1	–	–	1	–	–	–	–	1	–	–	–	3	1	4	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	2	–	2	–	–	–	–	1	–	–	–	–	5	1	6	5
E870–E895	Accidental poisonings	E.	–	–	–	1	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	1	1	2	–
		O.	–	–	–	1	–	–	–	1	–	–	–	–	–	1	1	–	–	–	1	–	–	–	–	–	–	–	–	–	2	2	4	–
E900–E904	Accidental falls ..	E.	1	–	–	–	–	–	1	–	–	–	–	–	2	–	–	–	–	–	–	–	–	–	1	2	2	2	1	3	7	7	14	4
		O.	–	1	–	–	–	–	–	1	1	–	–	–	2	1	3	–	1	–	3	1	1	1	–	1	–	–	–	1	11	6	17	7
E929	Accidental drowning	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	1	–	–	–	–	–	–	–	–	–	2	1	3	2
		O.	–	–	–	–	1	–	1	–	1	–	2	–	2	–	3	1	1	–	–	–	–	–	–	–	–	–	–	–	10	1	11	2
E910–E928, E930–E965	All other accidental causes	E.	2	1	–	–	–	–	2	1	1	–	–	–	1	–	–	–	2	–	1	–	–	–	2	2	–	–	–	–	9	3	12	2
		O.	2	7	4	–	1	1	7	8	2	2	–	–	5	3	7	1	5	1	3	–	1	–	–	–	–	–	–	1	30	16	46	10
E970–E979	Suicide and self-inflicted injury	E.	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1	1	–	4	–	2	1	3	–	–	–	–	–	12	2	14	2
		O.	–	–	–	–	–	–	–	–	–	–	–	–	1	–	2	–	1	–	–	–	2	–	–	–	–	–	–	–	6	–	6	–
E980–E985	Homicide and injury purposely inflicted by other persons (not in war)	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	1	–	1	2
		O.	1	–	–	–	–	–	1	–	–	–	–	–	7	3	9	1	3	1	1	–	2	–	–	–	–	–	–	–	23	5	28	6
E990–E999	Injury resulting from operations of war ..	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	Totals for (E)XVII	E.	3	1	–	1	1	–	4	2	4	–	–	–	6	–	3	1	7	2	11	1	3	4	6	4	5	3	1	3	50	20	70	21
		O.	3	8	5	1	6	6	14	15	11	2	4	1	24	8	36	5	18	2	11	1	6	1	–	2	–	–	–	2	124	39	163	45

TABLE A2. DEATHS OF NATIVES (NOT RESIDENT IN LANGA) CLASSIFIED AS IN TABLE A1 (Included in Table A1).

CAUSE OF DEATH.	AGE GROUPS (YEARS).																												TOTALS.			Deaths in Cape Town of non-residents (excluded from foregoing columns).	
	0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and upwards.				Persons.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		M.	F.
Tuberculosis of respiratory system	1	1	2	3	3	–	6	4	1	–	–	–	6	–	6	3	8	2	6	–	2	–	1	–	–	1	–	–	36	10	46	4	1
Tuberculosis of meninges and central nervous system	–	1	1	2	1	3	2	6	–	–	–	–	–	–	1	–	1	1	2	–	–	–	–	–	–	–	–	–	6	7	13	1	1
Tuberculosis, all other forms	–	2	1	–	–	–	1	2	–	–	–	–	–	–	–	1	–	–	–	–	–	–	1	–	–	–	–	–	2	3	5	1	–
Congenital syphilis ..	–	1	1	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	–	–
All other syphilis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	2	–	2	–	–
Typhoid fever	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	2	1	3	1	–
Dysentery, all forms ..	–	–	–	–	1	1	1	1	–	–	–	–	–	–	1	–	–	1	–	–	–	–	–	–	–	–	–	–	2	2	4	1	–
Whooping cough	1	–	1	–	–	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	–	–
Tetanus	1	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	3	1
Acute poliomyelitis ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1
Hydatid disease	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–
Other infective and parasitic diseases	–	1	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–
Malignant neoplasm of tongue	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–	1	–	–
Malignant neoplasm of oesophagus	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	–	–	–	–	–	2	–	2	–	1
Malignant neoplasm of intestine, except rectum..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	1	1	–	–
Malignant neoplasm of trachea and bronchus and lung specified as primary	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	1	–	1	1	–
Malignant neoplasm of cervix uteri	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–
Malignant neoplasm of prostate	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–	1	–	–
Malignant neoplasm of other and unspecified sites	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	2	–	2	2	–
Lymphosarcoma and reticulosarcoma	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	1
Benign neoplasm of endocrine glands	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	1	–	1	–	–
Diabetes mellitus	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	1	–	1	–	1
Avitaminosis	–	–	1	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	3	1
Anaemia of unspecified type	–	–	1	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–
Other diseases of blood ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–
Vascular lesions affecting central nervous system ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	3	–	1	1	1	2	2	–	–	–	9	3	12	2	1
Non-meningococcal meningitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–
Epilepsy	–	1	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–
Other diseases of nervous system	–	1	1	–	–	–	1	1	2	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	5	1	6	1	1
Chronic rheumatic heart disease	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	1	1	–	1	–	–	–	–	–	–	–	–	2	3	5	1	2
Arteriosclerotic and degenerative heart disease ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	–	–	4	1	–	–	–	–	–	–	6	1	7	–	–
Other diseases of heart ..	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	1	2	–	1	1	–	–	1	–	–	–	5	2	7	1	1
Hypertension with heart disease	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	1	–	1	–	–
Hypertension without mention of heart	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	2	–	–	1	1	–	–	–	–	–	–	3	3	6	1	–
Diseases of arteries ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	2	–	2	1	3	1	–
Pulmonary embolism ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–
Influenza	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–
Lobar pneumonia	3	1	–	–	1	–	4	1	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	5	1	6	1	1
Bronchopneumonia ..	19	11	3	1	5	1	27	13	–	2	–	–	–	–	–	–	1	–	–	–	–	1	–	–	–	–	1	–	29	16	45	5	5
Primary atypical and unspecified pneumonia ..	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	1	2	3	–	–
Chronic bronchitis.. ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	–	–	–	–	2	–	2	–	–
Empyema and abscess of lung	–	–	–	1	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	1	–
Other respiratory diseases..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–
Gastritis and duodenitis ..	1	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–
Appendicitis	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–
Intestinal obstruction ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	1	–	–	–	–	–	3	–	3	–	1
Gastro-enteritis, age 4 weeks and over	65	71	16	16	5	4	86	91	1	–	–	–	1	–	–	–	–	–	1	–	–	–	2	–	–	–	–	–	91	91	182	17	20
Yellow atrophy of liver ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–
Cirrhosis of liver	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	–	–
Chronic and unspecified nephritis	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	2	–	–	–	2	–	–	1	–	–	–	–	5	1	6	–	2
Toxaemia of pregnancy ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	1
Other complications of pregnancy and childbirth ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1
Infections of skin and subcutaneous tissue	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–
Erythematous conditions..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–
Rheumatoid arthritis ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	1	–	–
Spina bifida and meningocele	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–
Congenital hydrocephalus	1	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–
Other congenital malformations	4	1	–	–	–	–	4	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	4	1	5	1	2
Birth injuries	7	3	–	–	–	–	7	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	7	3	10	2	3

TABLE A2 (*Continued*).

International Code No.	CAUSE OF DEATH.	AGE-GROUPS: (YEARS)																												TOTALS.			Deaths in Cape Town of non-residents (ex- cluded from fore- going columns).	
		0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and up- wards.				Persons.		
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		M.	F.
762	Postnatal asphyxia and atelectasis	5	1	–	–	–	–	5	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	5	1	6	1	1
763–768	Infections of the newborn ..	4	5	–	–	–	–	4	5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	4	5	9	2	2
770	Haemolytic disease of newborn	–	2	–	–	–	–	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	2	–	1
769 771 772	Other defined diseases of early infancy	4	1	–	–	–	–	4	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	4	1	5	2	–
773–776	Ill-defined diseases of early infancy and immaturity ..	8	6	–	–	–	–	8	6	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	8	6	14	4	5
780–795	Ill-defined and unknown causes of death	7	2	1	–	1	–	9	2	–	–	–	–	–	–	2	1	–	2	1	–	–	–	–	–	–	1	1	–	13	6	19	1	1
E810	Motor vehicle accidents ..	–	–	–	–	–	1	–	1	–	–	–	–	2	–	6	–	–	–	–	–	–	–	–	–	–	–	–	–	8	1	9	3	1
E800–E840	Other transport accidents ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	1	–	–	–	–	1	–	–	–	–	3	1	4	3	–
E900	Accidental falls	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	2	–	–	–	–	–	–	–	–	–	3	–	3	2	–
E910–E928	Other accidental causes ..	1	2	–	–	1	–	2	2	–	1	–	–	3	3	5	–	3	1	1	–	–	–	–	–	–	–	–	–	14	7	21	7	–
E929	Accidental drowning ..	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–
E970–E979	Suicide and self-inflicted injury	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	–	–
E980–E985	Homicide	–	–	–	–	–	–	–	–	–	–	–	–	1	–	5	–	2	–	–	–	–	–	–	–	–	–	–	–	8	–	8	1	–
	Totals	133	115	29	23	19	10	181	148	5	3	1	–	18	5	36	7	33	12	23	2	14	6	11	4	3	4	5	–	330	191	521	80	60

TABLE A3. DEATHS OF ASIATICS CLASSIFIED AS IN TABLE A1. (Included in Table A1.)

Section.	International Code No.	CAUSE OF DEATH.	AGE GROUPS (YEARS). 0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and upwards.		TOTALS.			Deaths in Cape Town of non-residents (excluded from foregoing columns).	
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Persons.	M.	F.
I	001–008	Tuberculosis of respiratory system	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	2	1	3	–	–
	053	Septicaemia and pyaemia	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1
	056	Whooping cough	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–
	085	Measles	–	–	1	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–
II	153	Malignant neoplasm of intestine, except rectum	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	1	1	2	–	–
	163	Malignant neoplasm of trachea, bronchus and lung	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	1	–	–	–	–	–	3	–	3	–	–
	170	Malignant neoplasm of breast	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	1	1	–	–
	177	Malignant neoplasm of prostate	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	2	–	2	–	–
	237	Benign neoplasm of brain	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–
III	241	Asthma	–	–	1	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–
	260	Diabetes mellitus	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	–	1	–	–
VI	330–334	Vascular lesions affecting central nervous system	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	1	–	–	–	1	–	1	–	5	–	5	–	–
VII	410	Chronic rheumatic heart disease	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	1	–	1	–	–
	420–422	Arteriosclerotic and degenerative heart disease	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	4	2	4	–	1	–	–	–	11	2	13	–	–
	443	Hypertension with heart disease	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	2	–	–	–	–	–	2	1	3	–	–
	450	Disease of the arteries	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	2	–	2	–	–
VIII	482	Influenza	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–	1	–	–
	490	Lobar pneumonia	1	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–
	491	Bronchopneumonia	–	2	2	–	–	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	2	4	–	–
	500	Acute bronchitis	–	1	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–
	502	Chronic bronchitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–
	525	Other respiratory diseases	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	–	1	–	–
IX	540	Ulcer of stomach	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–
	550	Appendicitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	–	1	–	–
	571	Gastro-enteritis	3	2	–	1	–	–	3	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	3	6	–	–
	580	Other diseases of digestive system	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–	1	–	–
	581	Cirrhosis of liver	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–
X	592	Chronic nephritis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–	1	–	–
	610	Hyperplasia of prostate	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–
XIV	754	Congenital malformations of circulatory system	1	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–
XV	771	Haemorrhagic disease of newborn	–	1	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–
	776	Immaturity unqualified	3	4	–	–	–	–	3	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	4	7	–	–
XVI	795	Ill-defined and unknown causes	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–
EXVII	910	Other accidental causes	–	1	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	2	–	–
	970	Suicide	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	1	–	1	–	–
		Totals	8	11	4	1	–	2	12	14	–	1	–	–	1	–	1	–	3	2	5	1	9	3	11	–	6	–	2	–	50	21	71	3	1

TABLE A4.—DEATHS OF RESIDENTS IN WINDERMERE (WARD 8), CLASSIFIED AS IN TABLE A1.

(Included in Table A1.)

Death Classification No.	CAUSE OF DEATH.	Race.	AGE GROUPS (YEARS). 0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and upwards.		TOTALS.		
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Persons.
002	Tuberculosis, pulmonary	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	2	1	1	2	3	2	6	5	–	–	–	–	1	2	3	2	4	1	3	–	5	–	1	1	–	–	–	–	23	11	34
010	Tuberculosis, meninges	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	1	1	1	–	1	1	3	–	–	–	–	–	–	1	–	–	1	1	–	–	–	–	–	–	–	–	–	3	4	7
019	Tuberculosis, miliary	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	1	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	2	–	2
020	Syphilis, congenital	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	1	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
040	Typhoid fever	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	1	1	–	–	–	–	–	–	–	–	–	–	–	2	2	4
045–046	Dysentery	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	1	–	–	1	1	1	2	2	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	2	3	5
056	Whooping cough	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	1	–	1	–	1	–	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	–	3
061	Tetanus	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	1	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
096	Other infectious diseases	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
150	Malignant neoplasm of oesophagus	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	1	–	1
151	Malignant neoplasm of stomach	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	1	1	2	1	–	1	–	–	5	3	8
162	Malignant neoplasm of trachea bronchus and lung	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	1	–	1
171	Malignant neoplasm of cervix uteri	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	–	–	–	2	2
177	Malignant neoplasm of prostate	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	–	1
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
155 175 193	Malignant neoplasm of other sites	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	3	–	2	–	–	2	–	–	–	–	5	3	8
201	Hodgkin's disease	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
241	Asthma	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–	1
260	Diabetes mellitus	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	1
286	Avitaminoses	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
296 299	Other diseases of blood	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	2	–	2
331 332	Vascular lesions affecting central nervous system	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	2	1	1	2	2	2	–	–	–	7	5	12
353	Epilepsy	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1	1
341 343 352 390	Other diseases of nervous system and sense organs	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	1	1	–	–	1	1	2	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	1	–	–	1	–	3	3	6
410 416	Chronic rheumatic heart disease	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	1	1	1	–	–	–	–	–	–	–	–	–	3	1	4
420	Arteriosclerotic and degenerative heart disease	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	1	–	1	1	1	–	–	–	–	2	3	5
430–434	Other diseases of heart	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	–	–	–	–	–	–	–	1	–	–	1	–	1	–	1	3	1	1	2	1	–	–	–	–	1	6	7	13
443	Hypertension with heart disease	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	–	–	–	–	–	2	2
445 447	Hypertension without mention of heart	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1	1	–	–	–	–	1	–	–	3	2	5
450	General arteriosclerosis	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–	1
465	Pulmonary embolism	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
480 481	Influenza	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	1	2
490	Lobar pneumonia	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	1	2	–	–	1	–	2	2	–	–	–	–	–	–	–	–	2	–	–	–	–	–	–	–	–	–	–	–	4	2	6
491	Broncho-pneumonia	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	16	9	2	2	3	3	21	14	–	3	–	–	–	–	–	–	1	–	–	–	–	–	–	1	–	–	–	–	22	18	40
492 493	Other unspecified pneumonia	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2
518	Empyema	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	1	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
570	Intestinal obstruction	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	1	–	–	–	–	–	–	2	1	3
571	Gastro-enteritis	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	57	71	22	27	6	8	85	106	–	1	–	–	–	–	–	–	–	–	1	–	–	–	1	–	–	–	–	–	87	107	194
581	Cirrhosis of liver	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
591–593	Chronic nephritis	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	1	3	–	–	–	1	–	–	–	5	2	7
600	Infections of kidney	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	1	–	1
672	Haemorrhage of childbirth	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
692 705	Infections of skin	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O'	–	–	–	–	–	1	–	1	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2
730	Osteomyelitis	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	–	1
750–759	Congenital malformations	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	3	2	–	–	–	–	3	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	2	5
760 761	Birth injuries	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	3	2	–	–	–	–	3	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	2	5
762	Postnatal asphyxia and atelectasis	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
		O.	2	2	–	–	–	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	2	4
763 764	Infections of newborn	E.	1	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
		O.	4	3	–	–	–	–	4	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	4	3	7

TABLE A4 (*Continued*).

CAUSE OF DEATH.	Race.	Age Groups (Years). 0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and up-wards.		TOTALS.		
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Persons.
Other diseases of early infancy ..	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	4	2	–	–	–	–	4	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	4	2	6
Ill-defined diseases of early infancy	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	9	8	–	–	–	–	9	8	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	9	8	17
Ill-defined and unknown causes ..	E.	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
	O.	4	4	1	–	1	1	6	5	–	–			–	–	1	–	–	–	2	1	–	1	–	–	1	–	–	–	10	7	17
Railway accidents	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	2	–	2
Motor vehicle accidents	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	3	–	4	1	–	–	–	–	–	–	–	–	–	–	–	–	7	1	8
Accidental falls	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	1	–	1
Other accidents	E.	1	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
	O.	–	1	–	–	1	–	1	1	–	1	–	–	–	–	3	–	–	–	–	–	–	–	–	–	–	–	–	–	4	2	6
Accidental drowning	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2
Suicide	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	1	–	1
Homicide	E.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	O.	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	1	1	–	–	–	–	–	–	–	–	–	–	3	1	4
Totals	E.	2	–	–	–	1	–	3	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	1	–	–	–	4	1	5
	O.	109	110	31	34	17	19	157	163	2	5	2	–	9	4	19	6	17	9	23	8	15	8	11	10	5	4	1	2	261	219	480

TABLE B.—Deaths Classified for Causes and Race : 1954-55.

(Corrected for Outward Transfers.)

International Code No.	Disease.	Euro-pean.	Coloured.	Native.	Asiatic.	Non-Euro-pean.	All Races.
001–008	Tuberculosis of respiratory system	28	212	46	3	261	289
010–019	Tuberculosis, other forms	4	69	18	—	87	91
020–029	Syphilis and its sequelae	4	8	4	—	12	16
040–041	Typhoid fever	—	2	3	—	5	5
045–048	Dysentery, all forms	3	5	4	—	9	12
050	Scarlet fever	—	—	—	—	—	—
055	Diphtheria	1	8	—	—	8	9
056	Whooping cough	—	20	2	1	23	23
057	Meningococcal infections	1	5	—	—	5	6
080	Acute poliomyelitis	—	—	—	—	—	—
085–086	Measles	1	22	—	1	23	24
100–108	Typhus and other rickettsial diseases	—	—	—	—	—	—
110–117	Malaria	—	—	—	—	—	—
Rest of Section I (001–138)	All other diseases classified as infective and parasitic	3	14	1	—	15	18
140–205	Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues	296	186	10	8	204	500
210–239	Benign and unspecified neoplasms	9	6	1	1	8	17
260	Diabetes mellitis	28	35	1	1	37	65
290–293	Anaemias	1	1	1	—	2	3
330–334	Vascular lesions affecting central nervous system	227	225	12	5	242	469
340	Non meningococcal meningitis	5	12	1	—	13	18
400–402	Rheumatic fever	2	7	—	—	7	9
410–416	Chronic rheumatic heart disease	20	33	5	1	39	59
420–422	Arteriosclerotic and degenerative heart disease	473	231	7	13	251	724
430–434	Other diseases of heart	42	39	7	—	46	88
440–443	Hypertension with heart disease	33	57	1	3	61	94
444–447	Hypertension without mention of heart	47	90	6	—	96	143
450–456	Diseases of the arteries	56	42	3	2	47	103
480–483	Influenza	4	7	1	1	9	13
490–493 763	Pneumonia (including pneumonia of the newborn)	56	190	58	5	253	309
500–502	Bronchitis	20	25	2	1	28	48
540–541	Ulcer of stomach and duodenum	16	8	—	1	9	25
550–553	Appendicitis	1	2	1	1	4	5
560, 561, 570	Intestinal obstruction and hernia	23	12	3	—	15	38
571, 764	Gastro-enteritis and colitis (including diarrhoea of the newborn)	16	512	187	6	705	721
581	Cirrhosis of the liver	11	5	2	1	8	19
590–594	Nephritis and nephrosis	25	40	6	1	47	72
610	Hyperplasia of prostate	13	5	—	—	5	18
640–652 670–689	Complications of pregnancy, childbirth and the puerperium	4	20	1	—	21	25
750–759	Congenital malformations	20	33	6	1	40	60
760–762	Birth injuries, post natal asphyxia and atelectasis	11	61	16	—	77	88
765–768	Other infections of the newborn	—	1	—	—	1	1
769–776	Other diseases peculiar to earlier infancy and immaturity unqualified	25	159	21	8	188	213
780–795	Senility and ill-defined diseases	54	92	19	—	111	165
E810–E835	Motor vehicle accidents	20	36	9	—	45	65
E800–E802 E840–E965	All other accidents	35	53	29	2	84	119
E970–E979	Suicide and self-inflicted injury	14	3	2	1	6	20
E980–E985	Homicide	1	20	8	—	28	29
—	All other causes	90	103	17	3	123	213
	Total	1,743	2,716	521	71	3,308	5,063*

* Including 12 of unknown race.

TABLE C.—Deaths by Causes, Race and Date of Registration. 1954-55.

(Corrected for Outward Transfers.)

International Code No.	Disease.	Race.	July (4 weeks).	August (5 weeks).	September (4 weeks).	October (4 weeks).	November (5 weeks).	December (4 weeks).	January (4 weeks).	February (4 weeks).	March (5 weeks).	April (4 weeks)	May (5 weeks).	June (4 weeks).	Year (52 weeks).
001–008	Tuberculosis of respiratory system	Eur.	2	2	2	2	5	2	—	3	1	2	5	2	28
		Non-E.	28	24	24	19	23	26	15	21	23	18	22	18	261
010–019	Tuberculosis, other forms	Eur.	—	—	1	—	1	—	—	—	1	1	—	—	4
		Non-E.	1	11	8	8	10	3	8	6	9	11	7	5	87
020–029	Syphilis and its sequelae	Eur.	—	2	—	1	—	—	—	—	—	—	1	—	4
		Non-E.	1	3	—	2	2	—	1	—	—	2	1	—	12
040–041	Typhoid fever	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	1	—	—	—	1	1	—	—	1	1	—	—	5
055	Diphtheria	Eur.	—	—	—	—	—	—	—	—	—	—	—	1	1
		Non-E.	1	1	—	1	—	—	—	2	1	1	—	1	8
056	Whooping cough	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	2	2	—	2	2	4	1	—	1	4	3	2	23
057	Meningococcal infections	Eur.	—	—	—	—	—	—	1	—	—	—	—	—	1
		Non-E.	—	1	—	—	—	—	1	1	1	—	—	1	5
080	Acute poliomyelitis	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—
085–086	Measles and rubella	Eur.	—	—	—	—	—	—	1	—	—	—	—	—	1
		Non-E.	2	5	—	—	1	2	—	1	—	5	2	5	23
140–205	Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues	Eur.	26	44	19	20	37	15	27	33	23	11	22	19	296
		Non-E.	16	22	21	14	18	7	16	12	16	21	22	19	204
260	Diabetes	Eur.	3	1	4	3	3	1	4	5	2	—	1	1	28
		Non-E.	4	4	6	3	3	1	2	5	3	3	3	—	37
330–334	Vascular lesions affecting central nervous system	Eur.	24	25	14	8	21	17	21	23	17	14	23	20	227
		Non-E.	21	30	17	19	24	18	12	22	21	9	28	21	242
400–402	Rheumatic fever	Eur.	—	—	—	—	1	—	—	1	—	—	—	—	2
		Non-E.	—	—	1	—	—	—	2	2	2	—	—	—	7
410–434	Cardiovascular diseases	Eur.	40	63	57	48	59	29	40	37	46	27	42	47	535
		Non-E.	28	36	32	25	29	15	37	17	32	23	28	34	336
440–447	Hypertensive diseases	Eur.	9	13	7	10	7	4	5	7	7	—	6	5	80
		Non-E.	11	20	16	19	12	8	14	9	11	8	16	13	157
450–456	Diseases of the arteries	Eur.	8	4	3	8	5	3	1	5	5	4	3	7	56
		Non-E.	5	7	4	1	6	3	1	6	2	3	4	5	47
480–483	Influenza	Eur.	1	—	—	—	—	—	—	—	—	2	—	1	4
		Non-E.	4	1	—	—	—	—	1	—	—	—	3	—	9
490–493 763	Pneumonia (including pneumonia of the new born)	Eur.	5	14	5	1	7	2	4	1	6	1	8	2	56
		Non-E.	27	45	18	26	19	16	13	14	13	16	24	22	253
500–502	Bronchitis	Eur.	2	1	—	2	4	1	1	2	1	3	2	1	20
		Non-E.	4	6	4	1	3	—	1	1	1	3	2	2	28
571, 764	Gastro-enteritis and colitis (including diarrhoea of the new born)	Eur.	—	1	—	3	—	—	1	4	4	1	2	—	16
		Non-E.	22	16	12	18	55	75	90	92	102	80	85	58	705
590–594	Nephritis	Eur.	5	4	7	3	2	—	3	—	1	—	—	—	25
		Non-E.	3	7	3	5	6	2	3	1	2	6	5	4	47
640–689	Complications of pregnancy, childbirth and the puerperium	Eur.	—	1	1	—	—	1	—	—	—	—	—	1	4
		Non-E.	1	1	—	5	3	2	3	—	1	1	2	2	21
750–759	Congenital malformations	Eur.	2	3	3	—	3	1	2	1	2	—	—	3	20
		Non-E.	3	3	4	2	5	4	4	2	2	3	4	4	40
760–762	Birth injuries, post natal asphyxia and atelectasis	Eur.	—	2	—	—	1	1	2	1	1	1	2	—	11
		Non-E.	5	4	4	2	9	11	5	8	6	5	5	13	77
765–776	Other diseases peculiar to early infancy and immaturity unqualified	Eur.	5	5	—	2	1	1	2	4	4	—	1	—	25
		Non-E.	13	18	16	13	21	17	16	11	17	14	16	17	189
780–795	Senility and ill-defined diseases	Eur.	—	12	5	3	8	3	4	1	1	4	6	7	54
		Non-E.	7	18	10	7	4	8	9	12	9	6	8	13	111
810–835	Motor vehicle accidents	Eur.	3	4	4	2	—	—	1	1	3	—	1	1	20
		Non-E.	3	7	6	1	4	1	2	3	6	1	5	6	45
E800–E802 E840–E965	All other accidents	Eur.	3	6	1	3	5	2	6	3	1	3	1	1	35
		Non-E.	2	9	8	6	7	8	7	7	11	5	7	7	84
E970–E979	Suicide	Eur.	2	—	—	2	2	2	1	1	3	—	1	—	14
		Non-E.	1	—	—	1	—	—	1	1	1	—	1	—	6
E980–E985	Homicide	Eur.	1	—	—	—	—	—	—	—	—	—	—	—	1
		Non-E.	1	3	4	2	2	3	2	3	1	3	2	2	28
—	All causes	Eur.	155	230	155	135	195	96	140	143	144	84	139	127	1,743
		Non-E.	245	331	241	217	286	244	281	273	309	263	328	290	3,308

TABLE D.—Death Rates per 1,000 Population for 1954-55 and Ten Previous Years by Causes and Race.

(Corrected for Outward Transfers.)

Disease.	Race.	1944 — 1945.	1945 — 1946.	1946 — 1947	1947 — 1948	1948 — 1949	1949 — 1950	1950 — 1951	1951 — 1952	1952 — 1953	1953 — 1954.	Mean for 10 years.	1954 — 1955.
Enteric fever	Eur.	0·02	0·02	0·03	0·03	0·01	—	—	—	—	—	0·01	—
	Non-E.	0·09	0·06	0·12	0·04	0·04	0·03	0·02	0·01	0·01	0·01	0·04	0·02
Measles	Eur.	0·01	0·01	0·01	0·01	—	0·02	—	—	—	—	0·01	0·01
	Non-E.	0·05	0·15	0·10	0·13	0·08	0·13	0·06	—	0·07	0·06	0·08	0·08
Scarlet fever	Eur.	0·01	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	0·01	0·01	—	—	—	—	—	—	—	—	0·003	—
Whooping cough	Eur.	0·02	—	0·01	0·03	0·01	0·01	0·01	0·01	—	—	0·01	—
	Non-E.	0·49	0·03	0·09	0·48	0·08	0·29	0·09	0·10	0·07	0·03	0·16	0·08
Diphtheria	Eur.	0·03	0·01	0·01	0·02	0·02	0·02	—	0·01	0·02	—	0·01	0·01
	Non-E.	0·07	0·06	0·03	0·03	0·02	0·04	0·04	—	0·02	—	0·03	0·03
Influenza	Eur.	0·02	0·02	0·02	0·05	0·02	0·02	0·05	0·02	0·02	—	0·02	0·02
	Non-E.	0·05	0·05	0·05	0·02	0·06	0·04	0·02	0·02	0·03	0·03	0·04	0·03
Purulent infection—septicaemia, and erysipelas (*non-puerperal*)	Eur.	0·02	0·02	0·01	0·01	0·02	0·02	—	—	—	0·01	0·01	—
	Non-E.	0·02	0·02	0·02	—	0·01	0·02	—	0·02	0·01	0·01	0·01	—
Acute anterior poliomyelitis and polioencephalitis ..	Eur.	0·01	0·01	—	0·01	—	—	—	0·01	0·02	0·03	0·008	—
	Non-E.	0·01	0·01	—	—	—	—	—	—	—	—	—	—
Acute infectious encephalitis	Eur.	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E.	0·01	—	0·01	—	—	—	0·01	—	—	0·003	0·004	0·003
Meningococcal cerebrospinal meningitis	Eur.	0·03	0·01	0·01	0·01	0·02	0·03	0·02	0·01	—	0·01	0·01	0·01
	Non-E.	0·10	0·06	0·03	0·04	0·03	0·06	0·05	0·02	0·04	0·01	0·04	0·02
Tuberculosis, respiratory system	Eur.	0·62	0·64	0·60	0·56	0·37	0·48	0·39	0·24	0·17	0·20	0·42	0·14
	Non-E.	4·81	5·00	4·24	4·54	3·82	3·13	2·76	2·49	1·68	1·37	3·23	0·91
Tuberculosis, other forms	Eur.	0·11	0·10	0·10	0·11	0·08	0·09	0·07	0·03	0·04	0·04	0·08	0·02
	Non-E.	1·09	0·98	0·93	0·90	0·87	0·82	0·72	0·48	0·39	0·40	0·73	0·30
Syphilis	Eur.	0·02	0·03	0·02	—	—	0·02	0·01	0·02	0·01	—	0·01	—
	Non-E.	0·29	0·35	0·33	0·23	0·18	0·19	0·12	0·13	0·08	0·04	0·18	0·02
General paralysis of the insane : tabes dorsalis	Eur.	0·02	0·02	0·02	0·02	0·01	—	0·01	0·01	0·01	—	0·01	0·01
	Non-E.	0·08	0·08	0·10	0·09	0·06	0·04	0·04	0·02	0·03	0·03	0·05	—
Aneurysm of the aorta	Eur.	0·06	0·06	0·04	0·04	0·02	0·04	0·02	0·02	0·04	0·02	0·03	0·02
	Non-E.	0·11	0·12	0·13	0·05	0·05	0·04	0·03	0·03	0·02	0·02	0·05	0·02
Cancer*	Eur.	1·30	1·37	1·49	1·45	1·40	1·40	1·43	1·55	1·46	1·62	1·45	1·55
	Non-E.	0·78	0·76	0·68	0·73	0·68	0·75	0·67	0·76	0·75	0·79	0·74	0·71

TABLE D—*Continued.*

Disease.	Race.	1944 — 1945.	1945 — 1946.	1946 — 1947	1947 — 1948	1948 — 1949	1949 — 1950	1950 — 1951	1951 — 1952	1952 — 1953	1953 — 1954.	Mean for 10 years.	1954 — 1955.
Acute rheumatic fever	Eur. Non-E.	0·05 0·12	0·01 0·10	0·01 0·09	— 0·05	0·01 0·05	0·02 0·07	0·02 0·06	0·01 0·04	0·01 0·03	0·01 0·04	0·01 0·06	0·01 0·02
Diabetes	Eur. Non-E.	0·26 0·16	0·21 0·10	0·18 0·08	0·25 0·11	0·17 0·11	0·19 0·11	0·19 0·13	0·19 0·10	0·19 0·14	0·22 0·10	0·21 0·11	0·14 0·13
Intracranial lesions of vascular origin†	Eur. Non-E.	0·98 1·06	0·94 0·82	0·93 0·88	1·08 0·71	0·99 0·75	1·04 0·89	1·27 0·97	1·10 1·01	1·24 0·85	1·06 0·71	1·38 1·06	1·19 0·84
Arterio-sclerosis†	Eur. Non-E.	0·39 0·18	0·32 0·15	0·28 0·13	0·33 0·14	0·32 0·27	0·27 0·25	0·35 0·20	0·26 0·29	0·36 0·20	0·33 0·15		0·29 0·16
Cardiac diseases	Eur. Non-E.	2·74 2·21	2·50 2·12	2·55 1·95	3·10 2·03	2·69 1·64	2·68 1·47	2·79 1·43	3·04 1·66	2·75 1·34	2·78 1·30	2·77 1·68	2·98 1·38
Bronchitis and pneumonia (including pneumonia of the newborn)	Eur. Non-E.	0·44 2·94	0·36 2·55	0·38 2·47	0·36 2·61	0·40 1·80	0·40 1·92	0·31 1·46	0·37 1·30	0·29 1·12	0·43 0·91	0·37 1·82	0·40 0·98
Gastro-enteritis and colitis, except ulcerative (including diarrhoea of the newborn)	Eur. Non-E.	0·17 2·71	0·17 1·82	0·15 1·68	0·13 1·80	0·10 2·22	0·10 1·82	0·11 2·32	0·10 2·51	0·07 2·41	0·05 2·27	0·11 2·17	0·08 2·46
Nephritis	Eur. Non-E.	0·34 0·49	0·36 0·47	0·33 0·38	0·41 0·39	0·39 0·41	0·35 0·28	0·37 0·25	0·28 0·27	0·16 0·24	0·16 0·16	0·31 0·32	0·13 0·16
Puerperal sepsis	Eur. Non-E.	— 0·02	0·01 0·04	— 0·02	— 0·02	0·01 —	— —	0·01 0·01	— 0·02	— 0·01	0·01 0·03	0·01 0·02	0·01 0·01
Other diseases of pregnancy, childbirth, and puerperal state	Eur. Non-E.	0·02 0·10	0·03 0·07	0·01 0·06	0·02 0·05	0·02 0·09	0·01 0·04	— 0·05	0·01 0·04	0·01 0·06	0·02 0·04	0·01 0·06	0·02 0·07
Congenital malformations and diseases of early infancy ..	Eur. Non-E.	0·48 1·60	0·45 1·64	0·41 1·77	0·46 1·58	0·36 1·51	0·35 1·32	0·30 1·26	0·42 1·33	0·30 1·26	0·44 1·26	0·40 1·43	0·19 0·92
Senility	Eur. Non-E.	0·18 0·10	0·18 0·12	0·21 0·10	0·15 0·10	0·13 0·06	0·14 0·06	0·13 0·03	0·19 0·08	0·15 0·02	0·18 0·06	0·16 0·07	0·12 0·03
Accidents, poisonings and violence (external cause) ..	Eur. Non-E.	0·39 0·80	0·42 0·74	0·44 0·74	0·59 0·62	0·45 0·62	0·52 0·66	0·43 0·58	0·47 0·61	0·40 0·57	0·41 0·62	0·45 0·65	0·37 0·57
Other causes	Eur. Non-E.	1·43 1·66	1·35 1·50	1·20 1·45	1·32 1·51	1·61 1·88	1·49 1·96	1·28 1·58	1·52 1·63	1·64 1·70	1·35 1·79	1·42 1·68	1·44 1·57
TOTAL	Eur. Non-E.	10·16 22·18	9·62 19·99	9·44 18·64	10·52 19·04	9·60 17·38	9·68 16·44	9·55 14·97	9·88 14·99	9·33 13·12	9·37 12·25	9·71 16·52	9·15 11·52

†There has been some variation in the allocation of deaths as between these two causes for the years 1944-45—1952-53.

*Including deaths from Hodgkin's disease, leukaemia and aleukaemia in the year 1953-54, in accordance with the new International Classification List of Causes of Death.

TABLE E.—Deaths of Infants under 1 Year of Age, Classified by Causes, Race and Ag 1954-55.

(Corrected for Outward Transfers.)

International Code No.	DISEASE.	RACE.	Under 1 day.	Under 2 days.	Under 3 days.	Under 4 days.	Under 5 days.	Under 6 days.	Under 7 days.	Total under 1 week.	Under 2 weeks.	Under 3 weeks.	Under 4 weeks.	Total under 4 weeks.	Over 4 weeks & under 2 months	Under 3 months.	Under 4 months.	Under 5 months.	Under 6 months.	Under 7 months.	Under 8 months.	Under 9 months.	Under 10 months.	Under 11 months.	Under 12 months	TOTAL under one year. M.	TOTAL under one year. F.	TOTAL under one year. Persons.
			1	2	3	4	5	6	7	1	2	3	4	1	2	3	4	5	6	7	8	9	10	11	12	M.	F.	Persons.
50	Scarlet fever	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
56	Whooping cough	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	3	—	—	—	1	1	1	—	5	3	8
55	Diphtheria	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1	2
52	Erysipelas	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10	Tuberculosis of central nervous system	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	1	1	1	1	2	5	7
11	Tuberculosis of intestines and peritoneum	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1–8 12–19	Tuberculosis, other forms	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	1	2	3	2	3	5	4	4	11	17	28
20	Syphilis, congenital	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	2	1	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	2	1	3
85–6	Measles	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	2	—	3	—	1	6	7
283	Rickets	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
340	Simple meningitis	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	3	1	1	1	—	—	—	4	3	7
500–2	Bronchitis	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	1	4	1	—	—	1	1	—	—	2	2	6	6	12
490–3 763	Pneumonia, all forms	Eur.	—	1	1	—	—	—	—	—	—	—	—	2	1	1	—	—	—	—	1	—	—	—	—	3	2	5
		Non-E.	1	3	—	1	—	—	1	—	8	9	3	26	15	16	25	11	7	7	9	8	13	9	6	88	64	152
571 764	Diarrhoea and enteritis	Eur.	—	—	—	—	—	—	—	—	—	—	1	1	—	—	2	—	1	—	—	—	1	1	—	4	2	6
		Non-E.	—	—	—	1	—	1	—	—	1	1	10	14	27	49	56	62	54	42	34	39	36	38	30	255	226	481
750–9	Congenital malformations	Eur.	—	1	1	—	1	—	—	—	3	—	3	9	3	1	—	1	1	—	—	—	—	—	3	13	5	18
		Non-E.	2	2	1	2	1	—	1	—	2	2	1	14	6	4	1	—	1	1	—	1	1	1	1	16	15	31
774–6	Premature birth	Eur.	12	—	—	1	—	—	—	—	2	—	—	15	—	—	—	—	—	—	—	—	—	—	—	10	5	15
		Non-E.	58	26	13	15	4	3	—	—	5	8	1	133	8	—	1	—	—	—	—	—	—	—	—	73	69	142
760–1	Injury at birth	Eur.	4	1	2	—	—	—	—	—	—	—	—	7	—	—	—	—	—	—	—	—	—	—	—	5	2	7
		Non-E.	26	8	11	2	5	2	2	—	3	—	—	59	—	—	—	1	—	—	—	—	—	—	—	40	20	60
762 765–773	Other diseases peculiar to the first year of life	Eur.	4	4	3	1	1	—	—	—	—	—	1	14	—	—	—	—	—	—	—	—	—	—	—	8	6	14
		Non-E.	16	8	7	4	3	2	1	—	16	—	1	58	—	—	1	1	1	—	1	—	—	1	1	30	34	64
924–5	Suffocation (overlying).	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	1	1	2
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
926	Lack of care of the new born	Eur.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-E.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	Other causes	Eur.	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	1	—	—	1	1	3	1	4
		Non-E.	3	2	1	—	—	—	—	—	2	2	1	11	6	6	11	5	7	4	4	3	1	5	2	32	33	65
		Eur.	20	7	7	2	2	—	—	—	5	—	6	49	5	2	2	1	2	—	2	—	2	3	4	48	24	72
		Non-E.	108	50	33	25	13	8	5	—	37	22	17	318	64	82	99	86	76	60	53	59	58	66	48	566	503	1,069
	Totals	All Races	128	57	40	27	15	8	5	—	42	22	23	367	69	84	101	87	78	60	55	59	60	69	52	614	527	1,153*

* Including 12 of unknown race.

TABLE F.—Deaths in Institutions, 1954-55.

Institution.	Total deaths.		Deaths belonging to Cape Town.		Deaths not belonging to Cape Town (outward transfers).	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
Groote Schuur Hospital	532	610	332	347	200	263
Somerset Hospital	1	230	1	161	—	69
Victoria Hospital	43	121	24	52	19	69
Valkenberg Mental Hospital	52	26	33	24	19	2
Volkshospitaal	77	—	13	—	64	—
Peninsula Maternity Hospital	6	64	5	50	1	14
Woodstock Hospital	22	46	14	30	8	16
City Hospital	21	140	13	77	8	63
St. Monica's Home	—	52	—	38	—	14
Cape Jewish Aged Home	39	—	39	—	—	—
Rondebosch Hospital	21	13	18	7	3	6
Gardens Nursing Home	32	—	26	—	6	—
Brooklyn Chest Hospital	—	30	—	25	—	5
Monastery Nursing Home	29	—	21	—	8	—
Grail Nursing Home	27	—	22	—	5	—
Mowbray Maternity Hospital	26	—	11	—	15	—
Military Hospital	19	4	10	2	9	2
St. Joseph's Sanatorium	21	—	15	—	6	—
Tamboers Kloof Nursing Home	21	—	9	—	12	—
Duncan Nursing Home	20	—	18	—	2	—
Elizabeth Private Hospital	18	1	14	—	4	1
Hof Street Nursing Home	19	—	15	—	4	—
Ocean View Private Hospital	17	—	14	—	3	—
Cambridge Nursing Home	16	—	16	—	—	—
Alexandra Institution	12	1	8	1	4	—
Belmont Nursing Home	15	—	12	—	3	—
Monte Rosa Hospital	12	—	9	—	3	—
Nazareth House	11	—	10	—	1	—
Cliffsea Nursing Home	13	—	12	—	1	—
Salvation Army Maternity Centre	—	16	—	14	—	2
Gailton Nursing Home	10	—	6	—	4	—
Ennerdale Nursing Home	9	—	5	—	4	—
Helmsley Nursing Home	8	—	7	—	1	—
Leeuwendal Nursing Home	8	—	4	—	4	—
Primrose Nursing Home	7	1	6	1	1	—
Wyncarrol Nursing Home	6	—	5	—	1	—
Kromboom Nursing Home	6	—	6	—	—	—
Booth Memorial Hospital	5	—	3	—	2	—
Kinclune Nursing Home	5	—	4	—	1	—
Ladies' Christian Home	5	—	5	—	—	—
Airemount Nursing Home	4	—	3	—	1	—
Delherbe Nursing Home	3	—	3	—	—	—
Princess Christian Home	3	—	3	—	—	—
Gilmour Maternity Home	2	—	2	—	—	—
Rosedale Nursing Home	2	—	2	—	—	—
Glenwood Nursing Home	2	—	1	—	1	—
Lady Buxton Home	2	—	—	—	2	—
Leighwood Hospital	1	—	1	—	—	—
Premier Maternity Hospital	1	—	—	—	1	—
Wyndover Nursing Home	1	—	1	—	—	—
Kingsbury Maternity Home	1	—	1	—	—	—
House of Correction	—	1	—	—	—	1
Gables Nursing Home	1	—	—	—	1	—
Red Cross Hospital	1	—	1	—	—	—
Total	1,235	1,356	803	829	432	527
Langa Native Hospital	—	33	—	33	—	—

TABLE G.—Registered Births and Still-Births for the year 1954-55 classified in wards as to Race, Sex, Legitimacy and Percentage of Total Births in Institutions.

(Corrected for outward transfers.)

Wards.	EUROPEAN.							NON-EUROPEAN.							TOTALS.			STILL-BIRTHS.				Total still-births.	Percentage of total births, including still-births, occurring in institutions.	
	Legitimate.		Illegitimate.		Total.			Legitimate.		Illegitimate.		Total.						European.		Non-European.				
	Males.	Females.	Males.	Females.	Males.	Females.	Total.	Males.	Females.	Males.	Females.	Males.	Females.	Total.	Eur.	Non-Eur.	Total.	Legit.	Illegit.	Legit.	Illegit.		European.	Non-European.
1	110	105	—	1	110	106	216	8	13	17	15	25	28	53	216	53	269	1	—	2	2	5	99·1	87·7
2	84	80	5	1	89	81	170	94	65	34	34	128	99	227	170	227	397	2	—	2	5	9	89·5	60·7
3	81	79	1	1	82	80	162	209	187	46	64	255	251	506	162	506	668	2	—	15	4	21	90·9	41·0
4	109	92	3	5	112	97	209	13	15	13	17	26	32	58	209	58	267	2	—	1	4	7	91·5	82·5
5	84	105	5	1	89	106	195	403	374	136	124	539	498	1,037	195	1,037	1,232	6	—	26	6	38	91·5	46·0
6	35	42	4	1	39	43	82	437	465	107	110	544	575	1,119	82	1,119	1,201	1	—	19	4	24	69·9	41·0
7	109	106	—	7	109	113	222	217	195	48	37	265	232	497	222	497	719	4	—	13	3	20	73·5	40·2
8	180	173	4	4	184	177	361	569	612	311	262	880	874	1,754	361	1,754	2,115	10	—	39	25	74	62·3	50·2
9	143	149	11	15	154	164	318	60	44	14	18	74	62	136	318	136	454	4	—	1	—	5	85·1	48·2
10	64	68	1	2	65	70	135	1,077	1,034	226	256	1,303	1,290	2,593	135	2,593	2,728	—	—	65	16	81	57·0	30·9
11	120	95	—	—	120	95	215	59	48	12	10	71	58	129	215	129	344	5	—	1	3	9	91·4	37·6
12	144	119	2	—	146	119	265	135	172	42	32	177	204	381	265	381	646	6	—	5	—	11	85·2	36·0
13	115	103	2	3	117	106	223	139	170	44	44	183	214	397	223	397	620	4	—	9	2	15	87·2	31·1
14	176	172	2	5	178	177	355	234	213	49	51	283	264	547	355	547	902	11	1	11	6	29	74·0	33·2
15	99	126	1	1	100	127	227	438	393	141	174	579	567	1,146	227	1,146	1,373	3	—	34	13	50	73·0	27·5
Not allocated (unascertained addresses)	—	—	—	1	—	1	1	3	1	9	12	12	13	25	1	25	38*	—	—	2	—	2	—	—
Total ..	1,653	1,614	41	48	1,694	1,662	3,356	4,095	4,001	1,249	1,260	5,344	5,261	10,605	3,356	10,605	13,973*	61	1	245	93	400	81·1	39·2
Excluded from above figures.																								
(1) Births in Cape Town which did not belong thereto ..	628	602	47	37	675	639	1,314	399	427	378	392	777	819	1,596	1,314	1,596	2,910	32	—	69	40	141	98·9	97·6
(2) Langa Township	—	—	—	—	—	—	—	53	57	33	32	86	89	175	—	175	175	—	—	8	7	15	—	84·7

* Including 12 of unknown race.

TABLE H.—Births and Still-Births notified, Classified for attendance at confinement and for home address of Mother, 1954-55.

CLASSIFICATION.	WARDS OF THE CITY.																Total of Wards.	Excluded from foregoing columns.	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Not allocated.		Langa.	Non-Residents.
Private doctors	1	13	17	2	41	41	26	127	13	210	11	30	30	49	80	—	691	—	10
Private midwives (including any non-medical persons attending a confinement):																			
Certificated	—	37	118	26	213	396	264	885	87	1,933	67	229	180	442	710	—	5,587	3	46
Uncertificated	—	3	15	1	2	1	1	192	—	8	—	9	40	33	362	—	667	—	8
Midwives (or widwife students) from:																			
Booth Memorial Hospital	1	2	2	2	98	41	—	—	1	—	—	—	—	—	—	—	147	—	—
St. Monica's Home	—	13	161	3	3	1	—	5	—	2	—	—	—	—	—	—	188	1	2
Peninsula Maternity Hospital	—	3	2	8	295	287	125	9	26	5	2	47	54	—	1	—	864	—	2
Somerset Hospital	7	50	32	—	—	—	—	321	—	2	—	—	—	—	2	—	414	—	3
District nurse midwives	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Salvation Army Maternity Centre ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
No doctor or midwife	—	1	—	1	1	2	—	5	—	8	—	—	—	6	12	—	36	—	1
No information	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	74	74	—	—
Confined in institutions:																			
Booth Memorial Hospital	78	68	54	81	69	27	33	37	43	8	19	22	12	27	17	—	595	—	159
St. Monica's Home	7	4	91	8	51	60	39	166	5	190	6	14	26	38	90	9	804	35	338
Peninsula Maternity Hospital	1	27	33	47	283	269	168	159	73	256	13	59	52	58	76	46	1,620	16	471
Somerset Hospital	14	92	84	6	30	32	14	543	5	217	8	18	14	42	82	5	1,206	58	560
Groote Schuur Hospital	1	6	8	3	21	23	13	37	2	73	1	10	7	10	14	1	230	10	99
Mowbray Maternity Hospital	6	5	3	13	6	10	24	101	133	44	48	43	30	88	36	2	592	1	386
Salvation Army Maternity Centre ..	20	17	33	26	150	123	44	99	25	149	19	53	26	64	81	4	933	31	242
Magdalena Huis	—	—	—	—	—	—	—	1	—	—	—	1	—	1	—	—	3	—	66
Other public institutions	—	—	—	—	—	1	—	2	—	—	—	—	—	—	—	—	3	—	3
Private nursing homes	141	56	96	60	51	3	23	35	72	31	130	152	120	177	63	1	1,211	1	593
Totals	277	397	749	287	1,314	1,317	774	2,724	485	3,136	324	687	591	1,035	1,626	142	15,865	156	2,989

Births actually occurring in the Langa Native Township are excluded from the above table. They numbered 233.

TABLE I.—Births in Institutions, 1954-55.

LIVE-BIRTHS.

Institution.	Total Live-births.		Live-births belonging to Cape Town.		Live-births not belonging to Cape Town (outward transfers).	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
Groote Schuur Hospital	5	323	5	225	—	98
Somerset Hospital	—	1,726	—	1,177	—	549
Peninsula Maternity Hospital	463	1,493	345	1,157	118	336
Booth Memorial Hospital	730	1	570	—	160	1
Mowbray Maternity Hospital	922	—	561	—	361	—
Kingsbury Nursing Home	462	—	326	—	136	—
Delherbe Nursing Home	343	—	276	—	67	—
St. Joseph's Sanatorium	526	1	281	1	245	—
Gilmour Nursing Home	262	—	172	—	90	—
Leighwood Nursing Home	80	—	56	—	24	—
Premier Maternity Home	69	—	52	—	17	—
Military Hospital	87	—	66	—	21	—
Salvation Army Maternity Centre	—	1,217	—	970	—	247
St. Monica's Home	1	1,059	1	738	—	321
Magdelena Huis	65	—	5	—	60	—
House of Correction	—	6	—	3	—	3
Alexandra Institution	2	—	2	—	—	—
Valkenberg Hospital	1	—	1	—	—	—
Woodstock Hospital	1	—	1	—	—	—
Wynberg Hospital	1	—	1	—	—	—
Volkshospitaal	1	—	1	—	—	—
Monte Rosa Hospital	1	—	1	—	—	—
Ocean View Private Hospital	1	—	1	—	—	—
Total	4,023	5,826	2,724	4,271	1,299	1,555

STILL-BIRTHS.

Institution.	Total Still-births.		Still-births belonging to Cape Town.		Still-births not belonging to Cape Town (outward transfers).	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
Groote Schuur Hospital	1	24	1	14	—	10
Somerset Hospital	—	94	—	58	—	36
Peninsula Maternity Hospital	17	96	13	55	4	41
Mowbray Maternity Hospital	23	—	11	—	12	—
Kingsbury Nursing Home	6	—	3	—	3	—
Delherbe Nursing Home	3	—	2	—	1	—
St. Joseph's Sanatorium	10	—	8	—	2	—
Gilmour Nursing Home	6	—	3	—	3	—
Leighwood Nursing Home	2	—	1	—	1	—
Salvation Army Maternity Centre	—	18	—	15	—	3
St. Monica's Home	—	48	—	29	—	19
Booth Memorial Hospital	9	—	5	—	4	—
Military Hospital	2	—	—	—	2	—
Total	79	280	47	171	32	109

TABLE J.—Populations and Vital Statistics for the separate Wards of the City, 1954-55.

(Corrected for outward transfers.)

WARDS.	Calculated Populations on the 31st December, 1954.*			Births.		Birth rates per 1,000 Persons.		Illegitimate Births.		Illegitimate births, percentage of total births.		Deaths.		Death rates per 1,000 Persons.		Natural Increase (Excess of births over deaths)		Natural Increase rates per 1.000 Persons.		Deaths under 1 year of age.		Infant Mortality (per 1,000 Births).		Deaths from Tuberculosis (all forms).		Death rates from Tuberculosis (all forms) per 1,000 Persons.	
	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
1	14,610	3,370	17,980	216	53	14·83	15·77	1	32	0·46	60·38	177	12	12·15	3·57	39	41	2·68	12·20	4	3	18·52	56·60	–	2	–	0·60
2	11.720	6,830	18,550	170	227	14·54	33·33	6	68	3·53	29·96	88	59	7·53	8·66	82	168	7·02	24·66	3	26	17·65	114·54	–	5	–	0·73
3	9.320	15,540	24,860	162	506	17·43	32·65	2	110	1·23	21·74	86	143	9·25	9·23	76	363	8·18	23·42	2	37	12·35	73·12	4	19	0·43	1·23
4	17,040	4,270	21.310	209	58	12·30	13·62	8	30	3·83	51·72	141	9	8·30	2·11	68	49	4·00	11·51	2	2	9·57	34·48	6	–	0·35	–
5	8,950	27,400	36,350	195	1,037	21·85	37·95	6	260	3·08	25·07	127	347	14·23	12·70	68	690	7·62	25·25	2	98	10·26	94·50	1	32	0·11	1·17
6	5.260	29,120	34,380	82	1,119	15·63	38·53	5	217	6·10	19·39	45	348	8·58	11·98	37	771	7·05	26·55	2	103	24·39	92·05	–	32	–	1·10
7	12,550	18,050	30,600	222	497	17·74	27·61	7	85	3·15	17·10	104	153	8·31	8·50	118	344	9·43	19·11	3	45	13·51	90·54	5	14	0·40	0·78
8	19,010	43.250	62.260	361	1,754	19·04	40·67	8	573	2·22	32·67	117	732	6·17	16·97	244	1,022	12·87	23·69	10	291	27·70	165·91	2	76	0·11	1·76
9	16.970	4,030	21.000	318	136	18·79	33·84	26	32	8·18	23·53	174	33	10·28	8·21	144	103	8·51	25·63	7	4	22·01	29·41	4	3	0·24	0·75
10	7,660	59,010	66,670	135	2.593	17·67	44·06	3	482	2·22	18·59	40	653	5·24	11·10	95	1 940	12·44	32·97	3	218	22·22	84·07	2	89	0·26	1·51
11	13.850	7.600	21,450	215	129	15·57	17·02	–	22	–	17·05	121	22	8·76	2·90	94	107	6·81	14·12	6	6	27·91	46·51	1	2	0·07	0·26
12	17,020	16,610	33,630	265	381	15·61	23·00	2	74	0·75	19·42	117	106	6·89	6·40	148	275	8·72	16·60	7	21	26·42	55·12	1	10	0·06	0·60
13	9,360	11,270	20.630	223	397	23·89	35·32	5	88	2·24	22·17	118	104	12·64	9·25	105	293	11·25	26·07	11	34	49·33	85·64	1	9	0·11	0·80
14	17.780	16,010	33,790	355	547	20·02	34·26	7	100	1·97	18·28	136	187	7·67	11·71	219	360	12·35	22·55	6	44	16·90	80·44	3	17	0·17	1·06
15	10,590	32,590	43.180	227	1,146	21·49	35·26	2	315	0·88	27·49	117	380	11·08	11·69	110	766	10·42	23·57	4	135	17·62	117·80	2	31	0·19	0·95
Not allocated ..	–	–	–	1	25	–	–	1	21	–	–	35	20			–	–			–	2	–	–	–	7	–	–
City of Cape Town* ..	191,020	287,820	478,840	3,356	10,605	17·62	36·95	89	2,509	2·65	23·66	1,743	3,308	9·15	11·52	1.613	7.297	8·47	25·42	72	1,069	21·45	100·80	32	348	0·17	1·21

* Exclusive of all figures relating to the Langa Native Township.

TABLE K.—Births, Deaths, Natural Increase, and Infant Deaths, and corresponding rates, for the year 1954-55.

Race.	Births.		Deaths.		Natural Increase.		Deaths under one year old.	
	Number.	Rate.	Number.	Rate.	Number.	Rate.	Number.	Rate.
Europeans :								
uncorrected	4,670	24·51	2,221	11·66	2,449	12·85	129	27·62
corrected for outward transfers	3,356	17·62	1,743	9·15	1,613	8·47	72	21·45
Other Coloured :								
uncorrected	10,240	41·99	3,137	12·86	7,103	29·13	941	91·89
corrected for outward transfers	9,118	37·39	2,716	11·14	6,402	26·25	802	87·96
Natives (not Langa) :								
uncorrected	1,607	44·77	661	18·42	946	26·35	318	197·88
corrected for outward transfers	1,140	31·76	521	14·52	619	17·24	248	217·54
Asiatics :								
uncorrected	354	48·49	75	10·27	279	38·22	19	53·67
corrected for outward transfers	347	47·53	71	9·73	276	37·80	19	54·76
All non-Europeans :								
uncorrected	12,201	42·51	3,873	13·49	8,328	29·02	1,278	104·75
corrected for outward transfers	10,605	36·95	3,308	11·52	7,297	25·43	1,069	100·80
All races*:								
uncorrected	16,883[1]	35·35	6,106[1]	12·79	10,777	22·56	1,419[1]	84·05
corrected for outward transfers	13,973[1]	29·26	5,063[1]	10·60	8,910	18·66	1,153[1]	82·52
Natives resident at Langa Township	175	14·44	110	9·08	65	5·36	37	211·43

* Including (1) 12 of unknown race.

All rates are per 1,000 population except the infant mortality rate, which is expressed per 1,000 live-births.

TABLE L.—Infant Mortality Rates per 1,000 Births by Causes and Race

(Corrected for outward transfers.)

INFANTS UNDER ONE YEAR OF AGE.

Year.	Common infectious diseases.		Tuberculous diseases.		Syphilis.		Bronchitis and pneumonia.		Diarrhœa and enteritis.		Developmental diseases.		Miscellaneous diseases (remainder).		Total mortality (all causes).	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
1914-1915 ..	5·9	12·6	1·7	3·4	0·4	5·9	11·3	48·5	31·0	63·6	33·1	58·5	17·2	32·1	100·4	224·4
1915-1916 ..	0·9	0·8	1·8	1·9	0·4	7·6	9·7	43·8	29·4	57·6	24·6	51·4	12·7	26·2	79·1	189·3
1916-1917 ..	5·4	12·1	4·5	2·5	1·7	8·2	14·0	56·6	23·1	57·5	35·5	53·0	12·0	36·9	96·2	226·7
1917-1918 ..	2·4	5·0	1·2	1·9	1·6	12·1	5·7	50·4	27·7	53·2	26·0	48·0	14·7	30·6	79·1	200·9
1918-1919 ..	2·3	4·0	0·9	2·8	1·8	7·0	19·9	77·3	35·3	59·6	28·6	49·2	25·8	98·1	114·6	297·8
1919-1920 ..	2·8	3·6	0·8	2·2	0·4	7·7	13·9	52·5	25·9	47·9	21·9	41·0	15·9	29·0	81·5	183·8
1920-1921 ..	2·8	6·1	0·4	2·1	0·8	11·9	15·4	61·0	35·6	76·9	32·9	48·0	18·2	32·4	101·5	231·7
1921-1922 ..	—	1·2	1·2	0·9	1·6	9·4	10·8	53·3	22·4	44·6	22·4	40·6	10·8	26·5	69·5	173·3
1922-1923 ..	2·1	4·4	0·4	3·3	0·8	5·6	15·0	66·2	21·7	54·1	28·4	35·8	13·4	30·7	80·4	196·4
1923-1924 ..	7·0	13·9	0·4	2·9	0·4	9·7	8·6	57·7	25·0	50·7	20·1	39·9	11·1	18·0	72·4	187·3
1924-1925 ..	1·7	1·3	2·1	1·0	0·4	8·3	4·2	44·4	27·1	62·7	25·4	41·3	11·0	18·7	71·9	173·9
1925-1926 ..	1·3	2·2	0·4	4·0	1·7	10·7	9·0	46·5	23·6	58·9	18·9	40·5	10·3	20·9	65·2	175·5
1926-1927 ..	4·3	6·3	0·9	4·1	0·9	10·4	11·5	59·8	19·2	58·1	22·6	39·0	8·1	16·5	67·4	186·6
1927-1928 ..	5·0	6·4	1·4	3·6	1·1	10·7	14·4	62·5	9·3	52·1	21·2	34·2	7·9	21·3	60·3	190·6
1928-1929 ..	2·1	3·9	0·7	5·2	2·5	12·5	11·0	38·4	15·3	44·2	20·3	36·7	9·3	17·8	61·2	158·6
1929-1930 ..	1·7	1·2	0·7	5·9	1·0	14·5	8·2	39·7	14·7	42·4	22·8	40·0	11·6	16·4	60·7	160·0
1930-1931 ..	3·1	4·2	1·7	2·9	3·1	11·2	9·2	39·4	15·2	39·2	23·7	38·4	9·2	20·5	65·0	155·8
1931-1932 ..	2·1	4·4	0·7	6·0	1·4	15·7	12·9	44·2	17·8	45·9	24·1	35·2	8·0	16·5	67·1	167·7
1932-1933 ..	4·0	2·3	2·4	4·5	0·8	10·2	5·6	43·4	11·1	32·8	16·7	35·6	8·3	14·7	48·8	143·8
1933-1934 ..	—	3·6	0·8	4·5	0·8	9·3	3·9	31·4	9·4	43·8	16·0	30·2	3·9	10·4	34·8	133·3
1934-1935 ..	2·1	4·9	0·4	4·1	0·8	9·6	8·2	47·6	9·0	38·2	21·7	28·5	8·6	13·3	50·8	146·2
1935-1936 ..	1·8	11·8	1·1	3·1	0·4	8·6	5·8	40·4	6·9	38·2	21·0	28·9	8·3	14·7	45·1	145·7
1936-1937 ..	0·8	1·6	—	3·3	0·4	7·9	4·2	31·7	7·7	24·2	22·6	27·1	11·5	13·2	47·2	108·9
1937-1938 ..	1·4	3·5	0·7	3·3	0·7	7·8	8·5	40·8	4·8	30·0	18·5	30·7	6·5	12·7	41·0	128·9
1938-1939 ..	1·4	5·9	1·1	4·0	0·4	11·7	8·1	36·3	5·3	26·1	17·5	31·0	8·4	15·6	42·1	123·6
1939-1940 ..	1·0	4·1	0·3	3·1	0·3	5·3	4·0	36·1	7·9	30·8	19·2	27·9	8·3	16·6	41·0	123·9
1940-1941 ..	0·7	2·9	1·3	4·7	0·3	5·3	3·3	35·3	4·0	36·3	15·7	31·1	10·4	13·2	35·8	128·8
1941-1942 ..	0·9	3·9	0·6	5·7	0·3	7·0	3·1	40·2	9·9	47·8	18·8	33·5	10·2	14·7	43·8	150·6
1942-1943 ..	1·2	1·3	1·2	8·2	0·3	3·6	5·5	30·2	6·9	40·1	18·5	29·8	8·7	12·6	42·3	125·8
1943-1944 ..	1·0	3·6	1·3	8·3	0·5	4·5	3·1	41·4	6·5	39·0	15·4	32·2	5·0	14·2	32·8	143·2
1944-1945 ..	0·3	5·9	0·3	9·3	—	3·8	3·3	28·3	3·9	38·3	10·2	30·4	5·9	11·2	33·9	127·2
1945-1946 ..	0·6	1·6	1·1	8·3	0·3	4·9	3·7	25·2	6·8	26·0	20·5	31·0	4·6	12·4	37·6	109·4
1946-1947 ..	0·5	1·4	1·3	8·2	—	4·8	2·3	24·7	3·0	25·5	16·1	32·8	4·3	10·5	27·5	107·9
1947-1948 ..	1·0	6·0	0·8	9·7	—	2·7	4·7	31·4	3·9	29·2	19·8	31·2	6·8	12·0	37·1	122·2
1948-1949 ..	0·3	1·7	0·8	9·6	—	2·6	2·9	20·0	3·5	31·6	13·7	30·1	8·1	15·3	29·3	110·9
1949-1950 ..	0·3	3·6	0·6	8·0	—	1·5	2·9	21·4	4·3	27·2	15·9	26·4	5·5	13·3	29·5	101·4
1950-1951 ..	0·3	1·4	0·6	8·0	—	1·1	1·2	15·9	4·2	38·6	12·8	25·5	4·8	13·7	23·9	104·2
1951-1952 ..	0·3	1·2	—	6·0	—	0·9	2·7	17·2	2·7	40·9	18·8	27·2	4·4	12·9	28·8	106·3
1952-1953 ..	—	1·1	0·6	4·8	—	0·7	1·4	13·3	2·0	41·9	13·6	26·1	3·7	13·5	21·3	101·4
1953-1954 ..	—	0·8	0·3	4·3	—	0·3	4·9	13·6	1·7	41·6	15·9	22·5	7·5	17·5	30·4	100·5
1954–1955 ..	—	1·6	0·3	3·3	—	0·3	1·5	15·5	1·8	45·4	14·0	22·3	3·9	12·4	21·5	100·8
Quinquennium																
1916-1917 to 1920-1921 ..	3·3	6·6	1·7	2·2	1·1	9·9	12·3	55·1	28·1	58·7	29·0	47·2	15·2	32·1	90·8	211·7
*1921-1922 to 1925-1926 ..	2·4	4·6	0·9	2·4	1·0	8·7	9·6	53·4	23·9	54·4	23·0	39·7	11·3	22·8	71·9	181·6
1926-1927 to 1930-1931 ..	3·2	4·3	1·1	4·3	1·7	11·9	10·8	47·2	14·6	46·7	22·1	37·6	9·3	18·6	62·7	169·4
1931-1932 to 1935-1936 ..	2·0	5·5	1·1	4·4	0·8	10·6	7·4	41·3	11·0	39·9	20·0	31·6	7·5	13·9	49·6	147·2
1936-1937 to 1940-1941 ..	1·0	3·6	0·8	4·0	0·4	6·2	5·6	35·6	5·8	29·5	18·6	29·5	9·0	14·5	41·3	122·9
1941-1942 to 1945-1946 ..	0·8	3·3	0·9	8·0	0·3	4·7	3·7	32·9	6·7	37·9	18·9	31·0	6·6	12·9	37·9	130·7
1946-1947 to 1950-1951 ..	0·5	2·8	0·8	8·7	—	2·5	2·8	22·5	3·8	30·5	15·8	28·9	5·9	13·2	29·6	109·1

* Year of influenza epidemic 1918-1919 excluded (mean of other 4 years of quinquennium shown).
City extended by incorporation of Wynberg 1927-1928 and Windermere (Ward 8), 1943-44.

INFANTS FROM 1 TO 2 YEARS OF AGE.*

Year.	Common infectious diseases.		Tuberculous diseases.		Syphilis.		Bronchitis and pneumonia.		Diarrhoea and enteritis.		Developmental diseases.		Miscellaneous diseases (remainder)		Total mortality (all causes).	
	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
1924-1925 ..	0·4	1·9	—	6·7	—	2·2	2·2	22·8	8·4	39·5	—	0·3	2·7	7·5	13·7	80·9
1925-1926 ..	0·5	3·8	0·5	6·5	—	0·5	3·7	31·4	5·0	32·7	0·9	0·5	3·2	5·3	13·7	80·7
1926-1927 ..	3·2	8·6	0·9	7·8	—	0·5	4·1	35·9	5·5	33·2	—	0·3	2·8	7·0	16·5	93·3
1927-1928 ..	2·3	8·3	1·8	7·0	—	1·0	5·0	36·0	7·3	23·0	0·5	0·8	3·2	9·8	20·1	85·7
1928-1929 ..	4·6	4·9	0·8	6·2	—	1·1	2·7	27·9	4·2	24·6	0·4	1·1	2·7	10·2	15·3	75·9
1929-1930 ..	3·0	3·8	1·5	8·0	—	0·8	3·4	25·8	4·2	23·4	0·8	0·4	3·4	8·0	16·3	70·2
1930-1931 ..	0·7	7·2	0·7	5·6	—	2·0	1·8	21·9	3·3	19·5	—	0·4	2·5	7·8	9·1	64·5
1931-1932 ..	2·2	6·8	0·4	8·9	—	2·5	3·3	26·6	2·2	26·0	—	—	2·5	8·9	10·5	79·7
1932-1933 ..	1·5	2·5	0·8	5·1	—	1·5	4·1	19·0	2·3	12·2	0·8	0·2	4·1	6·8	13·5	47·3
1933-1934 ..	2·1	3·0	1·7	8·9	—	2·8	2·5	25·3	4·2	25·9	—	0·8	2·9	6·8	13·3	73·5
1934-1935 ..	1·6	8·2	1·2	7·5	—	1·9	4·1	30·4	1·6	19·4	0·4	0·7	3·2	6·1	12·1	74·1
1935-1936 ..	3·0	10·4	0·4	7·2	—	1·7	4·8	22·2	2·6	12·8	—	0·2	2·2	7·8	12·9	62·2
1936-1937 ..	—	2·4	1·9	5·5	0·4	1·2	2·7	17·4	2·7	14·7	0·4	0·7	2·3	6·0	10·2	48·0
1937-1938 ..	1·6	6·7	1·2	7·7	—	0·7	4·4	26·6	0·8	18·9	—	0·7	3·6	7·5	11·7	68·7
1938-1939 ..	0·4	6·4	0·7	5·9	—	1·2	3·3	24·0	1·5	12·7	—	0·3	1·5	6·1	7·3	56·6
1939-1940 ..	0·4	4·3	1·5	5·9	—	0·5	1·1	19·3	3·3	15·0	—	—	3·3	5·4	9·5	50·4
1940-1941 ..	1·0	5·5	1·4	10·0	—	1·0	1·7	24·9	2·1	19·4	0·3	0·5	2·8	8·2	9·3	69·4
1941-1942 ..	1·1	3·2	0·7	11·8	—	0·9	1·4	20·9	5·3	25·8	—	0·6	1·8	5·7	9·5	69·1
1942-1943 ..	1·3	2·5	1·0	13·8	—	1·0	1·0	22·4	1·6	19·2	0·3	0·2	0·6	5·7	5·8	64·9
1943-1944 ..	1·2	5·7	0·3	13·3	0·6	0·5	0·6	25·2	0·9	22·1	0·6	0·5	0·9	6·7	5·1	74·0
1944-1945 ..	1·1	4·2	1·6	13·8	—	0·6	1·1	14·4	1·3	21·0	—	0·4	1·1	6·4	6·2	60·8
1945-1946 ..	—	3·4	0·9	15·8	—	0·7	0·3	12·8	0·3	13·2	—	0·1	1·7	3·5	3·2	49·5
1946-1947 ..	0·3	2·4	—	12·0	—	0·7	0·9	11·6	1·2	9·4	—	0·1	0·6	3·3	3·0	39·5
1947-1948 ..	0·8	6·6	1·6	16·5	—	1·1	0·8	12·4	0·3	11·0	—	—	1·6	3·7	4·9	51·3
1948-1949 ..	—	1·9	0·8	15·0	—	0·8	0·5	8·1	0·3	17·6	—	0·1	0·5	4·0	2·1	47·5
1949-1950 ..	—	4·9	0·3	12·4	—	0·6	0·5	8·9	0·3	13·4	—	0·2	0·8	4·3	1·9	44·7
1950-1951 ..	0·3	1·9	0·9	8·1	—	0·1	—	7·4	1·2	14·8	—	0·2	0·6	5·0	3·0	37·5
1951-1952 ..	0·3	6·8	0·6	9·3	—	0·3	0·9	5·6	0·9	19·1	—	0·1	2·4	4·0	5·2	39·0
1952-1953 ..	0·6	1·6	0·6	6·3	—	—	0·6	4·7	0·6	18·3	0·3	—	0·6	4·6	3·3	35·5
1953-1954 ..	—	1·0	1·2	5·9	—	—	0·3	3·9	0·6	15·8	—	0·3	1·2	3·1	3·2	30·1
1954–1955 ..	0·3	2·3	—	5·8	—	0·1	—	4·3	0·3	19·1	0·6	0·3	0·9	4·8	2·1	36·7
Quinquennium																
1926-1927 to 1930-1931 ..	2·8	6·4	1·1	6·9	—	1·1	3·3	28·9	4·8	24·3	0·3	0·6	2·9	8·6	15·2	76·7
1931-1932 to 1935-1936 ..	2·1	6·2	0·9	7·5	—	2·1	3·7	24·8	2·5	19·2	0·2	0·4	3·0	7·3	12·4	67·4
1936-1937 to 1940-1941 ..	0·7	5·1	1·2	7·3	0·1	0·9	2·6	22·4	2·1	15·9	0·2	0·4	2·6	6·9	9·5	58·8
1941-1942 to 1945-1946 ..	0·9	3·9	0·9	14·1	—	0·9	0·9	19·3	1·6	20·9	0·2	0·4	1·3	5·7	5·8	65·2
1946-1947 to 1950-1951 ..	0·3	3·6	0·7	12·7	—	0·6	0·6	9·6	0·6	13·3	—	0·1	0·8	4·1	3·0	44·0

* The rate for the year is calculated on the births (less the deaths under one year) in the previous year.
City extended by incorporation of Wynberg 1927-1928 and Windermere (Ward 8), 1943-44.

TABLE M.—Estimated Populations and Vital Statistic Rates since 1913.

Periods.		Estimated Populations.			Birth rates.			Illegitimate births percentage of total births.			Death rates corrected for outward transfers.			Natural increase rates.			Infant mortality rates.			European rates corrected for inward and outward transfers.				Enteric fever death rates, corrected for outward transfers			Tuberculosis (all forms) death rates corrected for outward transfers.		
		Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total,	Eur.	Non-Eur.	Total.	Birth rates.	Death rates.	Natural increase rates.	Infant Mortality rates.	Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Total
(1) 296 Days	1913–1914	76,940	74,560	151,500	29·39	45·48	37·31	6·49	25·75	18·04	12·10	27·02	19·44	15·62	17·23	16·42	107·96	250·55	193·50					0·21	0·30	0·25	1·03	4·85	2·91
Year	1914–1915	79,840	75,510	155,350	29·95	47·52	38·49	6·90	26·48	18·66	12·73	28·39	20·35	15·67	17·79	16·69	100·38	224·36	174·92					0·26	0·30	0·28	1·11	5·09	3·04
”	1915–1916	82,860	76,470	159,330	27·53	48·23	37·47	7·48	25·26	18·49	11·25	26·00	18·33	14·72	20·65	17·56	79·14	189·29	147·49					0·10	0·37	0·23	0·89	4·21	2·48
”	1916–1917	85,990	77,450	163,440	28·17	48·85	36·56	6·81	25·06	17·67	13·34	32·70	22·52	12·13	11·43	11·80	96·16	226·70	173·89					0·16	0·41	0·28	1·10	5·55	3·21
”	1917–1918	89,240	78,440	167,680	27·61	46·32	36·38	7·02	25·35	17·98	11·47	27·89	19·17	14·14	15·79	14·91	79·14	200·94	152·13					0·13	0·40	0·26	0·87	4·50	2·57
”	1918–1919	92,610	79,450	172,060	23·84	41·21	31·87	8·38	24·77	18·20	22·08	66·09	42·42	*1·35*	*28·76*	*14·01*	114·58	297·80	224·29					0·19	0·42	0·30	0·81	3·80	2·19
”	1919–1920	96,110	80,450	176,560	26·12	51·74	37·79	6·44	24·75	17·86	11·05	26·99	18·31	13·22	23·17	17·76	81·45	183·76	145·27					0·22	0·52	0·36	0·83	3·77	2·17
”	1920–1921	99,750	81,490	181,240	24·30	45·86	34·00	5·07	24·86	17·10	12·03	30·64	20·41	12·27	15·22	13·59	101·49	231·74	180·76					0·37	0·56	0·46	0·73	4·10	2·25
”	1921–1922	103,130	83,450	186,580	23·02	50·69	35·41	5·31	25·86	18·50	10·68	25·90	17·49	12·34	24·79	17·92	69·50	173·29	136·24					0·20	0·50	0·34	0·98	3·43	2·07
”	1922–1923	105,330	86,200	191,530	21·36	49·44	34·00	5·82	25·25	18·54	10·00	26·95	17·63	11·36	22·49	16·37	80·44	196·39	156·33					0·21	0·31	0·26	0·75	4·12	2·27
”	1923–1924	107,580	89,030	196,610	21·39	49·47	34·12	5·11	24·21	17·70	10·20	28·66	18·58	11·19	20·81	15·54	72·39	187·27	148·36					0·11	0·22	0·16	0·73	4·47	2·42
”	1924–1925	109,870	91,960	201,830	21·16	51·55	35·02	5·84	24·12	18·15	10·09	26·86	17·74	11·07	25·69	17·28	71·94	173·93	140·43					0·07	0·21	0·14	0·85	4·51	2·52
”	1925–1926	112,220	94,990	207,210	20·84	47·46	33·05	4·67	24·20	17·55	9·61	24·94	16·66	11·23	22·52	16·39	65·18	175·49	138·21					0·07	0·18	0·12	0·63	3·87	2·11
”	1926–1927	114,420	97,700	212,120	20·55	50·50	34·35	5·54	23·03	17·40	10·39	28·08	18·54	10·16	22·42	15·81	67·38	186·59	148·09					0·13	0·28	0·20	0·85	4·61	2·58
”	1927–1928	128,740	113,590	242,330	21·71	49·32	34·65	5·38	23·18	17·26	10·53	28·50	18·96	11·18	20·82	15·69	60·28	190·62	147·36	22·95	10·75	12·20	57·37	0·08	0·22	0·14	0·83	4·61	2·60
”	1928–1929	131,290	116,490	247,780	21·48	51·18	35·45	6·01	22·65	17·31	10·69	25·51	17·66	10·79	25·67	17·79	61·17	158·59	127·30	22·37	10·93	11·44	60·43	0·10	0·22	0·15	0·65	4·55	2·48
”	1929–1930	133,890	119,460	253,350	21·97	49·73	35·06	4·98	23·63	17·45	10·73	25·11	17·51	11·24	24·62	17·55	60·69	160·03	127·23	22·45	10·99	11·46	60·39	0·06	0·14	0·10	0·70	5·15	2·79
”	1930–1931	136,550	122,500	259,050	21·27	50·16	34·93	5·59	23·01	17·42	10·20	24·08	16·76	11·07	26·08	18·17	65·04	155·80	126·67	21·64	10·42	11·22	64·91	0·06	0·19	0·12	0·68	4·80	2·63
”	1931–1932	139,070	125,620	264,690	20·62	50·92	35·00	4·86	23·04	17·42	10·76	26·33	18·15	9·86	24·59	16·85	67·13	167·74	136·59	20·84	11·00	9·84	66·78	0·09	0·19	0·14	0·80	5·48	3·02
”	1932–1933	141,870	128,820	270,690	17·83	48·12	32·25	4·40	22·44	17·21	9·98	21·94	15·67	7·85	26·18	16·58	48·77	143·48	116·14	18·03	10·33	7·70	49·39	0·02	0·04	0·03	0·90	5·15	2·92
”	1933–1934	144,730	132,110	276,840	17·74	50·46	33·36	5·31	23·39	18·36	9·21	22·85	15·73	8·53	27·61	17·63	34·75	133·27	106·07	17·97	9·44	8·53	34·71	0·01	0·05	0·03	0·89	5·24	2·96
”	1934–1935	147,640	135,470	283,110	16·59	46·84	31·06	4·75	21·90	17·13	10·85	24·80	17·52	5·74	22·04	13·54	50·78	146·18	119·61	16·77	11·13	5·64	50·63	0·04	0·07	0·05	0·84	4·66	2·66
”	1935–1936	150,610	138,930	289,540	18·09	48·03	32·45	5·42	21·98	17·18	10·68	23·74	16·95	7·41	24·29	15·50	45·14	145·68	116·53	18·37	10·88	7·49	44·80	0·02	0·04	0·03	0·79	4·45	2·55
”	1936–1937	152,290	142,520	294,810	17·17	48·37	32·26	4·72	21·91	17·19	9·76	19·48	14·47	7·41	28·89	17·79	47·16	108·95	92·04	17·35	9·96	7·39	46·68	0·01	0·09	0·05	0·55	4·19	2·31
”	1937–1938	153,300	146,220	299,520	19·13	47·53	32·99	5·47	21·11	16·47	10·56	23·45	16·85	8·57	24·08	16·14	41·03	128·86	102·79	19·41	10·82	8·59	40·43	0·03	0·05	0·04	0·86	4·76	2·75
”	1938–1939	154,320	150,040	304,360	18·52	46·62	32·37	5·02	22·35	17·32	10·06	21·66	15·78	8·46	24·96	16·59	42·11	123·56	99·93	18·75	10·49	8·26	41·93	0·01	0·03	0·02	0·79	4·77	2·75
”	1939–1940	155,350	153,980	309,330	19·59	46·43	32·95	5·02	21·77	16·77	9·87	19·89	14·86	9·72	26·54	18·09	40·96	123·91	99·14	19·83	10·29	9·54	40·81	0·01	0·02	0·01	0·72	4·25	2·48
”	1940–1941	156,380	158,050	314,430	19·18	45·77	32·54	4·41	22·14	16·94	10·12	21·72	15·96	9·06	24·05	16·58	35·77	128·78	101·62	19·42	10·73	8·69	35·67	0·01	0·06	0·04	0·77	4·77	2·78
”	1941–1942	159,630	162,250	321,880	19·97	42·35	31·27	4·57	22·12	16·60	10·85	23·30	17·14	9·12	19·05	14·13	43·81	150·61	117·19	20·30	11·20	9·10	43·41	0·01	0·07	0·04	0·73	5·38	3·08
”	1942–1943	164,090	166,590	330,680	21·11	42·01	31·66	3·73	22·06	16·04	10·84	21·59	16·27	10·27	20·42	15·39	42·26	125·79	98·65	21·28	11·34	9·94	42·49	0·02	0·08	0·05	0·68	6·09	3·40
”	1943–1944	169,180	179,780	348,960	22·82	44·99	34·25	3·46	22·02	16·05	9·89	25·51	17·95	12·93	19·48	16·30	32·82	143·21	107·85	23·36	10·45	12·91	32·32	0·02	0·04	0·03	0·73	6·90	3·91
”	1944–1945	173,890	185,120	359,010	20·58	44·25	32·81	4·01	24·36	18·24	10·16	22·18	16·39	10·42	22·07	16·42	33·91	127·19	99·60	20·93	10·59	10·34	34·71	0·02	0·09	0·06	0·73	5·90	3·40
”	1945–1946	178,720	190,690	369,410	19·69	43·79	32·15	3·36	24·23	18·10	9·62	19·99	15·00	10·07	23·80	17·15	37·61	109·40	88·73	20·07	10·04	10·03	36·90	0·02	0·06	0·04	0·74	5·98	3·45
”	1946–1947	181,550	198,610	380,160	21·93	45·69	34·36	3·10	23·03	17·01	9·44	18·64	14·27	12·49	27·05	20·09	27·46	107·97	84·05	22·42	9·79	12·63	27·10	0·03	0·12	0·08	0·71	5·17	3·04
”	1947–1948	182,700	208,000	390,700	20·69	42·42	32·29	3·00	23·11	17·06	10·52	19·04	15·09	10·17	23·38	17·20	37·06	122·20	97·51	21·20	10·83	10·37	36·41	0·03	0·04	0·03	0·66	5·44	3·21
”	1948–1949	183,870	217,840	401,710	20·29	44·21	33·27	2·96	23·89	18·07	9·60	17·38	13·83	10·69	26·83	19·44	29·29	110·88	88·37	20·78	10·02	10·76	29·65	0·01	0·04	0·02	0·45	4·69	2·75
”	1949–1950	185,040	228,170	413,210	18·70	43·01	32·13	2·69	24·36	18·71	9·68	16·44	13·42	9·02	26·57	18·71	29·56	101·47	83·00	19·34	10·03	9·31	29·43	—	0·03	0·01	0·57	3·96	2·44
”	1950–1951	186,220	238,990	425,210	18·02	41·40	30·16	2·96	24·98	19·42	9·55	14·97	12·60	8·47	26·43	18·56	23·91	104·20	84·07	18·44	9·81	8·63	23·36	—	0·02	0·01	0·46	3·47	2·16
”	1951–1952	187,410	250,340	437,750	18·27	40·94	31·25	3·11	25·40	19·86	9·88	14·99	12·82	8·39	25·95	18·43	28·78	106·26	87·26	18·78	10·05	8·73	28·57	—	0·01	0·01	0·26	2·97	1·81
”	1952–1953	188,610	262,240	450,850	18·37	39·42	30·62	3·38	24·58	19·26	9·33	13·12	11·54	9·04	26·30	19·08	21·29	101·35	81·32					0·01	—	0·00	0·21	2·07	1·29
”	1953–1954	189,810	274,720	464,530	18·23	37·86	29·86	3·59	24·55	19·30	9·37	12·25	11·09	8·86	25·61	18·77	30·43	100·55	83·71					—	0·01	0·00	0·24	1·77	1·15
”	1954–1955	191,020	287,820	478,840	17·62	36·95	29·26	2·65	23·66	18·59	9·15	11·52	10·60	8·47	25·43	18·66	21·45	100·80	82·52					—	0·02	0·01	0·17	1·21	0·80
(1) 2 Years and 296 days	1913–1914 to 1915–1916	—	—	—	28·97	47·23	37·85	6·99	25·83	18·41	12·04	27·15	19·39	15·34	18·67	16·96	95·07	218·61	170·18					0·19	0·32	0·25	1·04	4·69	2·82
(3) Quinquennium	1916–1917 to 1920–1921	—	—	—	26·71	47·54	36·33	6·52	25·12	17·77	11·95	29·54	20·07	12·74	16·04	14·26	90·84	211·71	164·02					0·23	0·47	0·34	0·88	4·47	2·53
”	1921–1922 to 1925–1926	—	—	—	21·49	49·59	34·23	5·35	24·76	18·12	10·11	26·67	17·62	11·38	22·92	16·61	71·91	181·58	144·15					0·13	0·28	0·20	0·79	4·09	2·28
”	1926–1927 to 1930–1931	—	—	—	21·43	50·21	34·93	5·50	23·10	17·37	10·52	26·17	17·86	10·91	24·04	17·07	62·77	169·35	134·67					0·08	0·21	0·14	0·74	4·75	2·62
”	1931–1932 to 1935–1936	—	—	—	18·17	48·90	32·84	4·96	22·55	17·47	10·31	23·95	16·82	7·86	24·95	16·02	49·64	147·16	119·01	18·39	10·57	7·82	49·57	0·04	0·08	0·06	0·84	4·99	2·82
”	1936–1937 to 1940–1941	—	—	—	18·72	46·91	32·63	4·93	21·86	16·93	10·07	21·25	15·58	8·65	25·66	17·05	41·25	122·89	98·17	18·96	10·46	8·50	40·95	0·01	0·05	0·03	0·76	4·55	2·62
”	1941–1942 to 1945–1946	—	—	—	20·82	43·51	32·44	3·82	22·96	17·04	10·25	22·47	16·52	10·57	21·04	15·92	37·87	130·68	102·08	21·18	10·70	10·48	38·29	0·02	0·07	0·04	0·72	6·06	3·45
”	1946–1947 to 1950–1951	—	—	—	19·92	43·26	32·60	2·95	23·65	17·91	9·76	17·20	13·82	10·16	26·06	18·78	29·59	109·12	87·34	20·43	10·09	10·34	29·32	0·01	0·05	0·03	0·57	4·50	2·71

(1) From 8th September, 1913 to 30th June, 1914.
(2) From 8th September, 1913 to 30th June, 1916.
(3) The year of the influenza epidemic (1918–19) is excluded, the figures shown being the mean of the other four years of the quinquennium.
The birth rates, illegitimacy rates, natural increase rates and infant mortality rates are uncorrected for the year 1919–20 and previous years, and are corrected for outward transfers in subsequent years.
The figures in italics (1918–19) represent rates of natural decrease.
The populations for the year 1946–47 and subsequent years are corrected according to the censuses of 1946 and 1951.
City extended by incorporation of Wynberg (1927–28) and the district of Windermere (1943–44).

TABLE N.—Vital Statistic Rates for Various Centres for the Year 1954-55.

(Corrected for outward transfers.)

Centre.	Birth rate.					Death rate.					Infant mortality rate.					All forms of tuberculosis: death rate.				
	E	N	A	C	NE	E	N	A	C	NE	E	N	A	C	NE	E	N	A	C	NE
Benoni	24·05	28·61[3]	55·88	47·44	—	6·61	16·21	16·47	14·65	—	32·92	243·56	84·12	161·76	—	0·06	0·78	0·59	0·47	—
Bloemfontein . .	22·7	—	—	—	33·22	5·92	—	—	—	22·70	20·23	—	—	—	209·29	0·08[5]	—	—	—	1·07[5]
Cape Town	17·62	31·76[4]	47·53	37·39	36·95	9·15	14·52[4]	9·73	11·14	11·52	21·45	217·54[4]	54·76	87·96	100·80	0·17	1·78[4]	0·41	1·15	1·21
Durban	20·45	31·22	35·67	43·40	—	9·76	21·93	10·29	9·99	—	17·9	307·6	70·2	60·2	—	0·08	2·14	0·31	0·43	—
Johannesburg . .	23·57	26·35[3]	41·35	46·88	—	7·91	10·49	7·34	11·65	—	27·68	146·41	60·20	67·13	—	0·10	0·87	0·30	0·76	—
Kimberley	22·43	48·69	—	36·86	—	7·43	17·64	—	14·77	—	23·35	101·78	—	90·43	—	0·05	0·87	—	0·92	—
King William's Town	18·75	17·74	16·26	36·66	—	8·78	6·12	—	18·33	—	15·87	209·88	—	117·65	—	0·15	0·66	—	3·23	—
Krugersdorp. . . .	27·4	19·9	20·0	49·5	—	7·6	9·9	2·5	16·5	—	45·1	189·9	—	151·8	—	0·27	1·27	1·25	—	—
Pretoria . . .	27·30	33·26	40·95	40·91	—	6·62	10·56	9·37	13·64	—	29·67	121·09	69·77	93·33	—	0·04	0·56	0·48	0·09	—
Roodepoort-Maraisburg . .	25·37	45·99[3]	36·36	49·00	—	4·72	11·24	1·82	13·00	—	16·70	124·87	25·00	81·63	—	0·06	0·59	—	—	0·29
Springs	22·13	24·24[3]	28·33	31·66	24·55[3]	4·81	16·40	6·66	13·33	9·25	29·55	316·21	117·65	105·26	304·43	nil	0·30	nil	0·83	0·29
Vereeniging	33·92	24·25	46·21	43·16	—	5·49	7·81	2·56	23·68	—	25·10	137·08	27·78	175·00	—	0·05	0·28	nil	1·08	—
Union of South Africa (1952)	25·2	—	34·8	47·7	—	8·2	—	9·2	18·5	—	32·8	—	64·4	128·9	—	0·15	—	0·57	3·19	—
England and Wales (1954)[1]	15·2[2]	—	—	—	—	11·3	—	—	—	—	25·0	—	—	—	—	0·18	—	—	—	—
County of London (1954)[1]	15·3[2]	—	—	—	—	10·7	—	—	—	—	24·0	—	—	—	—	0·20	—	—	—	—

[1] Calendar year.
[2] Crude.
[3] Excluding mines and prison.
[4] Excluding Langa Native Township.
[5] Pulmonary form only.

TABLE O.—Cases of Notifiable Disease reported, 1954-55.

	Uncorrected.	Deduction for diagnosis.	Deduction of imported cases.	Addition for diagnosis.	Corrected number of cases.	Corrected cases, Langa Township.	Extra-municipal cases uncorrected.	Deduction for diagnosis.	Addition for diagnosis.	Corrected No. of extra-municipal cases.	Corrected No. from ships in port.
	1	2	3	4	5	6	7	8	9	10	11
Tuberculosis, respiratory system	2,043	9	146	19	1,798	109	120	2	18	135	1
Tuberculosis, other forms ..	254	17	9	36	251	13	61	5	26	82	—
Enteric fever	135	51	1	4	87	—	165	38	—	126	1
Diphtheria	194	80	—	—	113	1	170	67	—	103	—
Scarlet fever	185	6	1	3	181	—	36	6	1	31	—
Erysipelas	15	2	—	—	13	—	1	—	—	1	—
Cerebrospinal fever	204	131	—	1	73	1	125	61	2	66	—
Infective encephalitis ..	7	6	—	3	4	—	3	3	1	1	—
Leprosy	5	—	—	—	5	—	—	—	—	—	—
Acute poliomyelitis	50	20	1	2	29	2	82	25	—	57	—
Ophthalmia	214	—	1	—	205	8	—	—	—	—	—
Puerperal fever	12	3	—	—	8	1	5	2	—	3	—
Trachoma	2	—	—	—	2	—	—	—	—	—	—
Typhus fever*	—	—	—	1	1	—	8	—	—	8	—
Whooping cough	704	6	1	1	684	14	53	10	1	44	—
Totals	4,024	331	160	70	3,454	149	829	219	49	657	2

1. Notifications re Cape Town cases received, including Langa.
2. Found not to be suffering from the disease as notified.
3. Arrived in Cape Town from outside already suffering from the disease.
4. Diagnosis changed to the disease named.
5. Excluding Langa Native Township.
7. Cases admitted to City Hospital or other hospital from outside Cape Town or from ships in the port.
8. = 2.
9. = 4.
10. Excluding cases from ships.

* Including epidemic typhus, endemic typhus or murine typhus and tick-bite fever.

NOTE:—During 1953-54 the declaration of acute primary pneumonia and influenzal pneumonia, as notifiable diseases within the Municipality of Cape Town, was rescinded.

TABLE P.—Notification of Infectious Disease Classified for Race and Month of Notification, 1954-55.

E.—European. O.—Non-European.

Period.	Tuberculosis respiratory system.			Tuberculosis other forms.			Enteric fever.			Diphtheria.			Scarlet fever.			Erysipelas.			Cerebrospinal fever.			Infective encephalitis.			Acute poliomyelitis.		
	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.
1954.																											
July ..	19	116	135	1	14	15	1	1	2	1	5	6	7	6	13	1	1	2	4	10	14	—	2	2	—	—	—
August ..	23	131	154	3	19	22	—	5	5	3	4	7	19	2	21	—	1	1	—	5	5	—	—	—	1	—	1
September	14	163	177	2	23	25	—	1	1	3	6	9	14	4	18	1	—	1	2	6	8	1	—	1	—	1	1
October ..	26	142	168	—	22	22	1	5	6	1	7	8	13	6	19	—	2	2	—	2	2	—	—	—	—	—	—
November	22	161	183	6	29	35	1	8	9	1	10	11	11	5	16	—	—	—	1	2	3	—	—	—	—	—	—
December	14	142	156	—	14	14	2	4	6	2	5	7	7	4	11	—	1	1	1	1	2	—	—	—	—	1	1
1955.																											
January	11	136	147	1	22	23	2	6	8	1	9	10	3	1	4	2	2	4	2	5	7	—	—	—	2	—	2
February	18	120	138	3	22	25	3	20	23	2	12	14	12	2	14	1	—	1	2	1	3	—	—	—	2	6	8
March ..	18	154	172	1	19	20	1	5	6	5	8	13	9	6	15	—	—	—	2	9	11	—	—	—	1	6	7
April ..	7	98	105	1	15	16	—	7	7	1	5	6	10	3	13	—	1	1	3	4	7	—	—	—	3	4	7
May ..	15	124	139	3	13	16	—	11	11	6	4	10	14	5	19	—	—	—	1	3	4	1	—	1	1	1	2
June ..	11	113	124	2	16	18	—	3	3	6	6	12	14	4	18	—	—	—	1	6	7	—	—	—	—	—	—
Year ..	198	1,600	1,798	23	228	251	11	76	87	32	81	113	133	48	181	5	8	13	19	54	73	2	2	4	10	19	29

Period.	Ophthalmia.			Puerperal fever.			Leprosy.			Trachoma.			Tick bite fever.			Whooping cough.			Total.		
	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.
1953.																					
July ..	—	15	15	1	—	1	—	1	1	—	—	—	—	—	—	10	44	54	45	215	260
August ..	—	14	14	—	1	1	—	1	1	—	—	—	—	—	—	21	35	56	70	218	288
September	—	20	20	—	1	1	—	1	1	—	—	—	—	—	—	4	30	34	41	256	297
October ..	—	16	16	—	1	1	—	—	—	—	1	1	—	—	—	21	52	73	62	256	318
November	—	17	17	1	—	1	—	1	1	—	1	1	—	—	—	34	73	107	77	307	384
December	1	12	13	—	1	1	—	—	—	—	—	—	—	—	—	14	84	98	41	269	310
1954.																					
January	2	28	30	—	1	1	—	—	—	—	—	—	—	—	—	11	55	66	37	265	302
February	1	15	16	—	—	—	—	—	—	—	—	—	1	—	1	10	44	54	55	242	297
March ..	—	24	24	—	1	1	—	1	1	—	—	—	—	—	—	—	46	46	37	279	316
April ..	—	14	14	—	—	—	—	—	—	—	—	—	—	—	—	5	27	32	30	178	208
May ..	—	10	10	—	—	—	—	—	—	—	—	—	—	—	—	19	19	38	60	190	250
June ..	2	14	16	—	—	—	—	—	—	—	—	—	—	—	—	6	20	26	42	182	224
Year ..	6	199	205	2	6	8	—	5	5	—	2	2	1	—	1	155	529	684	597	2,857	3,454

TABLE Q.—Notification of Infectious Disease Classified for Race, Sex and Age-Groups, 1954-55.

E.—European. O.—Non-European.

Age-groups.	Tuberculosis respiratory system.					Tuberculosis other forms.					Enteric fever.					Diphtheria.					Scarlet fever.					Erysipelas.					Cerebrospinal fever.					Infective encephalitis.				
	E.		O.		To-tal.	E.		O.		To-tal.	E.		O.		To-tal.	E.		O.		To-tal.	E.		O.		To-tal.	E.		O.		To-tal.	E.		O.		To-tal.	E.		O.		To-tal.
	M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.	
0– 1 year ..	–	–	29	43	72	2	–	7	19	28	–	–	1	–	1	–	–	6	5	11	–	–	–	–	–	–	–	1	–	1	2	2	8	4	16	1	–	–	–	1
1– 2 years ..	3	1	73	64	141	–	1	27	21	49	–	–	–	–	–	1	2	4	6	13	2	3	–	4	9	–	–	–	–	–	–	–	7	3	10	–	–	1	–	1
2– 5 ,, ..	3	1	102	99	205	4	1	31	30	66	–	–	–	2	2	4	4	15	15	38	12	15	10	6	43	–	–	–	2	2	3	–	6	2	11	–	–	–	1	1
5–10 ,, ..	1	6	71	57	135	4	–	15	19	38	2	2	7	5	16	5	7	7	6	25	28	43	7	13	91	–	–	–	–	–	3	–	4	5	12	–	–	–	–	–
10–15 ,, ..	–	1	11	17	29	1	1	6	5	13	1	–	8	7	16	1	3	–	6	10	5	14	3	3	25	–	–	–	–	–	3	–	1	3	7	1	–	–	–	1
15–25 ,, ..	22	21	130	198	371	–	–	9	10	19	2	1	12	12	27	1	1	1	6	9	2	5	–	2	9	–	1	–	2	3	3	1	–	4	8	–	–	–	–	–
25–35 ,, ..	25	16	157	131	329	–	4	5	6	15	–	1	4	5	10	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	4	1	6	–	–	–	–	–
35–45 ,, ..	25	12	125	69	231	2	–	1	5	8	1	–	2	4	7	–	1	1	2	4	3	1	–	–	4	–	1	1	1	3	–	–	–	–	–	–	–	–	–	–
45–55 ,, ..	23	5	87	36	151	–	–	5	–	5	–	1	–	4	5	–	1	–	1	2	–	–	–	–	–	–	2	–	1	3	1	–	1	–	2	–	–	–	–	–
55–65 ,, ..	13	6	50	22	91	1	–	4	1	6	–	–	1	1	2	–	1	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–
65–75 ,, ..	8	1	14	5	28	–	–	2	–	2	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
75–85 ,, ..	3	1	5	2	11	1	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
85 years and over	–	–	2	–	2	–	1	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	1	–	–	–	–	–	–	–	–	–	–
Age unknown ..	–	1	1	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Totals ..	126	72	857	743	1,798	15	8	112	116	251	6	5	35	41	87	12	20	34	47	113	52	81	20	28	181	–	5	2	6	13	15	4	31	23	73	2	–	1	1	4

Age-groups.	Acute poliomyelitis.					Ophthalmia.					Leprosy.					Trachoma.					Tick bite fever.					Whooping cough.					Puerperal fever.			Totals.				
	E.		O.		To-tal.	E.		O.		To-tal.	E.		O.		To-tal.	E.		O.		To-tal.	E.		O.		To-tal.	E.		O.		To-tal.	E.	O.	To-tal.	E.		O.		Total.
	M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		M.	F.	M.	F.		F.	F.		M.	F.	M.	F.	
0– 1 year ..	1	–	1	1	3	1	5	108	91	205	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	6	12	90	96	204	–	–	–	13	19	251	259	542
1– 2 years ..	1	1	7	4	13	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	–	8	8	36	48	100	–	–	–	15	16	155	152	338
2– 5 ,, ..	1	1	1	2	5	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	30	20	56	92	198	–	–	–	57	42	221	251	571
5–10 ,, ..	2	–	–	2	4	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	33	31	45	62	171	–	–	–	78	89	156	169	492
10–15 ,, ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	1	–	1	4	–	–	–	14	20	29	42	105
15–25 ,, ..	2	–	–	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	–	1	–	1	2	–	–	–	33	31	152	235	451
25–35 ,, ..	1	–	–	–	1	–	–	–	–	–	–	–	1	–	1	–	–	–	1	1	–	–	–	–	–	–	–	–	1	1	2	4	6	26	24	171	149	370
35–45 ,, ..	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	1	–	2	2	31	16	130	84	261
45–55 ,, ..	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	1	–	–	1	–	–	–	24	10	94	42	170
55–65 ,, ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	1	–	–	–	14	8	55	25	102
65–75 ,, ..	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	8	1	17	6	32
75–85 ,, ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	4	1	5	2	12
85 years and over	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	2	–	4
Age unknown ..	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	3	–	4
Totals	8	2	9	10	29	1	5	108	91	205	–	–	5	–	5	–	–	–	2	2	1	–	–	–	1	79	76	227	301	683	2	6	8	317	280	1,441	1,416	3,454

TABLE R.—Notification of Infectious Disease Classified for Race and Wards, etc., 1954-55.

E.—European. O.—Non-European.

Wards of the City, etc.	Tuberculosis respiratory system.			Tuberculosis other forms.			Enteric fever.			Diphtheria.			Scarlet fever.			Erysipelas			Cerebrospinal fever.			Infective encephalitis.			Acute poliomyelitis.		
	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.
1.	19	21	40	2	1	3	1	1	2	—	1	1	4	—	4	—	—	—	—	—	—	—	—	—	—	—	—
2.	14	32	41	—	4	4	1	1	2	3	3	6	9	3	12	1	—	1	2	—	2	—	—	—	2	—	2
3.	9	84	93	1	10	11	—	2	2	1	5	6	7	5	12	1	1	2	—	2	2	—	—	—	1	—	1
4.	12	17	29	3	1	4	4	1	5	—	1	1	10	—	10	—	—	—	2	1	3	—	—	—	1	—	1
5.	10	190	200	—	22	22	—	15	15	—	17	17	6	4	10	—	—	—	1	6	7	—	—	—	1	3	4
6.	6	138	144	2	17	19	—	14	14	—	8	8	—	8	8	—	1	1	1	6	7	—	—	—	—	1	1
7.	17	95	112	2	6	8	—	3	3	4	6	10	9	4	13	—	—	—	—	6	6	—	—	—	—	3	3
8.	29	321	350	—	54	54	2	22	24	4	9	13	18	6	24	3	4	7	4	12	16	—	1	1	3	6	9
9.	18	24	42	4	3	7	1	—	1	4	1	5	11	—	11	—	—	—	2	1	3	1	—	1	—	—	—
10.	11	324	335	2	62	64	—	10	10	3	10	13	3	7	10	—	1	1	2	17	19	—	—	—	—	4	4
11.	11	18	29	—	2	2	—	1	1	1	1	2	9	2	11	—	—	—	—	—	—	—	—	—	1	1	2
12.	4	34	38	1	3	4	—	1	1	3	1	4	12	—	12	—	1	1	—	1	1	1	1	2	—	—	—
13.	16	58	74	2	9	11	—	—	—	4	9	13	6	2	8	—	—	—	—	—	—	—	—	—	—	—	—
14.	16	69	85	2	7	9	2	—	2	3	—	3	23	5	28	—	—	—	2	1	3	—	—	—	1	—	1
15.	6	173	179	2	26	28	—	4	4	2	9	11	6	2	8	—	—	—	3	1	4	—	—	—	—	1	1
Not allocated	—	2	2	—	1	1	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total, local cases	198	1,600	1,798	23	228	251	11	76	87	32	81	113	133	48	181	5	8	13	19	54	73	2	2	4	10	19	29
Imported cases:																											
Developed outside municipal area	24	112	136	—	8	8	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	1	—	1
Introduced from overseas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Direct removals (cases removed to hospitals in Municipal area):	26	127	153	8	74	82	33	93	126	27	76	103	29	2	31	—	1	1	19	47	66	—	1	1	25	32	57
From ships in harbour	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total, imported cases	51	239	290	8	82	90	34	93	127	27	76	103	30	2	32	—	1	1	19	47	66	—	1	1	26	32	58

Wards of the City, etc.	Ophthalmia.			Puerperal fever.			Leprosy.			Trachoma.			Tick bite fever.			Whooping cough.			Totals.		
	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.	E.	O.	Total.
1.	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	5	—	5	31	26	57
2.	—	5	5	—	—	—	—	—	—	—	1	1	—	—	—	4	13	17	36	62	98
3.	—	9	9	—	1	1	—	—	—	—	—	—	1	—	1	8	49	57	29	168	197
4.	1	1	2	—	—	—	—	—	—	—	—	—	—	—	—	8	6	14	41	28	69
5.	—	22	22	—	—	—	—	—	—	—	—	—	—	—	—	11	53	64	29	332	361
6.	—	18	18	—	1	1	—	—	—	—	—	—	—	—	—	2	53	55	11	265	276
7.	3	9	12	—	—	—	—	—	—	—	—	—	—	—	—	17	19	36	52	151	203
8.	1	47	48	—	1	1	—	3	3	—	—	—	—	—	—	33	93	126	97	580	677
9.	1	2	3	1	—	1	—	—	—	—	—	—	—	—	—	20	3	23	63	34	97
10.	—	27	27	—	1	1	—	—	—	—	1	1	—	—	—	8	148	156	29	612	641
11.	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	7	6	13	29	32	61
12.	—	2	2	1	—	1	—	—	—	—	—	—	—	—	—	11	12	23	33	56	89
13.	—	26	26	—	—	—	—	—	—	—	—	—	—	—	—	5	20	25	33	124	157
14.	—	12	12	—	2	2	—	—	—	—	—	—	—	—	—	9	24	33	58	120	178
15.	—	16	16	—	—	—	—	1	1	—	—	—	—	—	—	7	29	36	26	262	288
Not allocated	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	5	5
Total, local cases	6	199	205	2	6	8	—	5	5	—	2	2	1	—	1	155	528	683	597	2,857	3,454
Imported cases:																					
Developed outside municipal area	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	28	121	149
Introduced from overseas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Direct removals (cases removed to hospitals in Municipal area):	—	—	—	2	1	3	—	—	—	—	—	—	8	—	8	6	38	44	183	492	675
From ships in harbour	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Total, imported cases	1	—	1	2	1	3	—	—	—	—	—	—	8	—	8	6	39	45	212	613	825

TABLE S.—Notification of Infectious Disease for a series of years, classified for Race.

Disease.	Race.	1937—1938	1938—1939	1939—1940	1940—1941	1941—1942	1942—1943	1943—1944	1944—1945	1945—1946	1946—1947	1947—1948	1948—1949	1949—1950	1950—1951	1951—1952	1952—1953	1953—1954	1954—195
Scarlatina or Scarlet fever	Eur. . .	113	81	124	216	267	154	154	143	321	249	152	188	233	209	176	212	176	133
	Non-E. . .	13	8	11	18	10	7	8	17	41	20	25	25	29	48	26	24	26	48
Diphtheria or membranous croup . .	Eur. . .	344	537	286	204	195	160	175	89	91	51	64	33	60	41	34	33	28	32
	Non-E. . .	253	233	130	89	138	135	110	89	84	56	73	60	62	60	34	47	40	81
Enteric or typhoid fever	Eur. . .	58	14	35	11	36	90	17	20	22	24	35	14	15	10	23	13	13	11
	Non-E. . .	41	37	34	26	73	68	57	77	85	144	67	42	31	35	58	61	88	76
Erysipelas	Eur. . .	33	30	29	37	38	27	28	38	28	17	18	13	10	17	17	10	4	5
	Non-E. . .	28	36	39	41	41	46	33	41	37	26	16	16	13	11	15	11	4	8
Puerperal fever . .	Eur. . .	19	22	18	33	15	16	16	14	14	11	15	7	9	2	1	2	1	2
	Non-E. . .	51	62	61	61	50	60	70	52	57	71	65	42	27	23	19	16	10	6
Ophthalmia . .	Eur. . .	24	35	29	28	36	18	22	29	30	24	21	15	13	14	20	12	13	6
	Non-E. . .	213	181	212	164	182	170	215	235	227	268	193	238	201	160	125	139	179	199
Cerebrospinal fever	Eur. . .	3	5	2	23	19	23	39	25	16	15	5	13	10	16	6	7	10	19
	Non-E. . .	15	33	24	45	47	80	222	80	58	31	33	49	39	55	51	40	49	54
Acute poliomyelitis	Eur. . .	4	2	5	5	4	2	5	46	10	4	13	8	7	12	10	14	41	10
	Non-E. . .	2	9	11	4	3	—	1	18	4	3	13	11	9	8	2	13	25	19
Infective encephalitis	Eur. . .	4	—	2	1	3	6	—	—	1	—	—	1	2	—	3	4	2	2
	Non-E. . .	4	2	3	5	1	3	2	1	—	5	—	1	2	2	2	4	2	2
Leprosy	Eur. . .	1	—	—	—	1	2	—	—	—	—	—	—	—	1	—	—	—	—
	Non-E. . .	2	1	1	3	4	5	2	—	1	—	1	2	3	2	1	1	3	5
Typhus fever(1) . .	Eur. . .	1	6	4	4	6	2	7	10	2	8	2	6	5	1	—	1	—	1
	Non- . . .	—	1	—	1	2	—	—	1	2	5	2	2	—	1	1	—	—	—
Smallpox	Eur. . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. . .	—	—	—	1	—	—	—	5	—	—	—	—	—	—	—	—	—	—
Whooping cough(2)	Eur. . .													29	138	278	244	125	155
	Non-E. . .													148	727	836	418	269	528
Influenzal pneumonia(3)	Eur. . .	37	17	23	23	10	13	18	2	8	5	9	5	9	8	14	3		
	Non-E. . .	74	30	30	40	15	27	60	26	18	24	16	12	16	8	6	11		
Acute primary pneumonia(3)	Eur. . .	96	103	100	106	80	76	100	74	47	68	58	36	43	36	44	18		
	Non-E. . .	466	420	433	385	319	321	338	353	326	395	402	334	351	285	261	180		
Cholera	Eur. . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Plague	Eur. . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Anthrax	Eur. . .	—	—	—	—	1	1	—	—	—	—	—	—	—	—	1	—	—	—
	Non-E. . .	—	—	—	—	—	—	1	1	—	1	—	—	—	1	—	—	—	—
Glanders	Eur. . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Rabies	Eur. . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malta fever . .	Eur. . .	—	—	1	—	2	1	—	—	—	—	—	—	1	—	—	1	—	—
	Non-E. . .	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	2	—
Yellow fever . .	Eur. . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Human trypanosomiasis	Eur. . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Trachoma . .	Eur. . .	1	6	5	—	—	—	—	1	—	2	1	1	—	—	—		—	—
	Non-E. . .	1	2	10	3	1	2	—	8	9	3	2	3	2	1	1	1	1	2
Lead poisoning . .	Eur. . .	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Non-E. . .	—	—	—	—	—	—	—	—	—	1	—	—	1	1	—	—	—	—
Tuberculosis, respiratory system . .	Eur. . .	186	183	158	157	182	191	223	202	241	251	252	239	277	223	233	247	239	198
	Non-E. . .	1,004	908	910	883	1,072	1,233	1,706	1,491	1,558	1,507	1489	1500	1,445	1,501	1540	1684	1537	1600
Other forms of tuberculosis	Eur. . .	29	17	28	30	33	35	34	29	26	28	27	33	27	21	9	20	19	23
	Non-E. . .	188	162	181	224	229	283	293	295	292	237	266	256	253	283	277	265	270	228

All figures corrected for imported cases and misdiagnosis.

City extended by incorporation of the district of Windermere, 1943-44.

(1) Including epidemic typhus, endemic or murine typhus and tick-bite fever.

(2) Declared a notifiable disease as from 30th April, 1950.

(3) Declaration as notifiable disease rescinded in September, 1953.

TABLE T.—Vital Statistics for the Langa Native Township, 1954-55.

Average population for the 12 months July, 1954, to June, 1955.								Natives.																
European.			Natives.				Grand Total.	Births.					Still-births.	Birth-rate (per 1,000 persons).	Illegitimate births, percentage of total births.	Deaths.		Death rate (per 1,000 persons).	Deaths under one year of age.		Infant mortality (per 1,000 births).	Deaths from Tuberculosis (all forms).		Death rate for Tuberculosis all forms, (per 1,000 persons).
Adults.		To-tal.	Adults.		Child-ren.	Total.		Legiti-mate.		Illegiti-mate.		Total.												
M.	F.		M.	F.				M.	F.	M.	F.					M.	F.		M.	F.		M.	F.	
18	19	37	8,102	1,695	3,150	12,947	12,984	53	57	33	32	175	15	14·44	37·14	73	37	9·08	23	14	211·43	13	3	1·32

* These figures are unreliable owing to incomplete registration of births.

PRINCIPAL CAUSES OF DEATH.

	Male.	Female.	Total.
Diarrhoea and enteritis	8	10	18
Tuberculosis (all forms)	13	3	16
Pneumonia (all forms)	8	3	11

Deaths in Langa Hospital, 33 (Natives: 22 males, 11 females).

NOTIFICATION OF INFECTIOUS DISEASE.

Tuberculosis respiratory system.		Tuberculosis (other forms).		Diphtheria.		Cerebro-spinal fever.		Acute poliomyelitis.		Whooping cough.		Ophthalmia neonatorum.		Puerperal fever.		Total.	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
79	30	12	1	—	1	1	—	1	1	7	7	4	4	—	1	104	45

TABLE U.—DEATHS OF NATIVES RESIDENT IN LANGA CLASSIFIED AS IN TABLE A1.
(Excluded from Table A1.)

ection.	International Code No.	CAUSE OF DEATH.	AGE GROUPS (YEARS).																												TOTALS.		
			0 to 1		1 to 2		2 to 5		Total under 5		5 to 10		10 to 15		15 to 25		25 to 35		35 to 45		45 to 55		55 to 65		65 to 75		75 to 85		85 and upwards				Persons
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
I	001–008	Tuberculosis of respiratory system	–	1	1	–	–	–	1	1	–	–	1	–	2	–	4	–	–	1	–	–	4	–	–	–	–	–	–	–	12	2	14
	010	Tuberculosis of meninges and central nervous system	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1	1	2
	022	Aneurysm of aorta ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–	1
	046	Amoebiasis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	1	–	1
	053	Septicaemia and pyaemia ..	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
	056	Whooping cough	1	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
	057	Meningococcal infections ..	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
	061	Tetanus	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
	085	Measles	–	–	–	1	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
II	150	Malignant neoplasm of oesophagus	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1	–	1
	151	Malignant neoplasm of stomach	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	–	–	–	–	–	2	–	2
	153	Malignant neoplasm of intestine except rectum ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–	–	–	–	–	2	–	2
	155	Malignant neoplasm of liver	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
	162	Malignant neoplasm of trachea bronchus and lung	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	1	–	1
	171	Malignant neoplasm of cervix uteri	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	1	1
	172–174	Malignant neoplasm of other parts of uterus ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	–	–	–	–	–	–	2	2
III	260	Diabetes mellitus	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1	1
VI	331	Cerebral haemorrhage ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–	–	–	2	–	2
VII	416	Chronic rheumatic heart disease	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	2
	420–422	Arteriosclerotic and degenerative heart disease ..	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	1	–	–	1	–	–	–	1	–	–	1	3	4
	434	Other diseases of heart ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	–	–	–	–	–	2	–	2
	443	Hypertension with heart disease	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	–	–	–	–	–	–	–	–	–	2	–	2
	447	Hypertension without mention of heart	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	1	–	1
	450–456	Diseases of arteries ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	–	1	–	–	–	–	–	–	–	1	2	3
VIII	480	Influenza	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1	–	1
	490	Lobar pneumonia	1	1	–	–	–	–	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2
	491	Bronchopneumonia ..	5	1	1	1	–	–	6	2	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	7	2	9
IX	571	Gastro-enteritis, except diarrhoea of newborn ..	6	5	–	3	2	1	8	9	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	8	10	18
	581	Cirrhosis of liver	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	1	–	1
	587	Diseases of pancreas ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	1	–	1
X	592	Chronic nephritis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	–	–	–	–	1	–	–	–	–	–	–	1	2	3
XI	650	Abortion without mention of sepsis	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
XIV	752–756	Other congenital malformations	3	–	–	–	–	–	3	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	–	3
XV	760	Birth injuries	1	2	–	–	–	–	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	2	3
	762	Postnatal asphyxia and atelectasis..	2	2	–	–	–	–	2	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2	2	4
	776	Immaturity unqualified ..	3	2	–	–	–	–	3	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	3	2	5
XVI	794	Senility without mention of psychosis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	1
	795	Ill-defined and unkown causes	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1
XVII	E900	Accidental falls	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1	–	1
	E910	Other accidental causes ..	1	–	–	–	–	–	1	–	–	–	–	–	–	–	–	–	2	–	–	–	–	–	–	–	–	–	–	–	3	–	3
	E980	Homicide	–	–	–	–	–	–	–	–	–	–	–	–	1	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	3	–	3
		Totals	23	14	2	5	2	1	27	20	2	1	2	2	4	1	8	3	9	3	10	–	6	5	4	–	1	1	–	1	73	37	110

TABLE V.—Vital Statistics for the Added Area of Windermere, 1954-55.

Estimated population as at 31st December, 1954.			Births.						Still-births.		Illegitimate births, percentage of total births.		Birth-rate (per 1,000 persons).		Deaths.		Death rate (per 1,000 persons).		Deaths under one year of age.		Infant Mortality (per 1,000 births).		Deaths from Tuberculosis, all forms.		Death rate for Tuberculosis, all forms (per 1,000 persons.)	
			Legitimate.		Illegitimate.		Total.																			
Eur.	Non-Eur.	Total.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
210	11,020	11,230	18	591	—	338	18	929	—	49	—	5·27	0·09	3·24	5	480	0·03	1·67	2	219	11·11	23·57	—	43	—	0·15

PRINCIPAL CAUSES OF DEATH.

	European.	Non-European.	Total.
Diarrhoea and enteritis	—	194	194
Pneumonia and bronchitis	—	52	52
Tuberculosis (all forms)	—	43	43
Diseases of early infancy	1	30	31
Malignant neoplasms	1	21	22
Vascular lesions affecting central nervous system..	1	12	13
Unspecified diseases of heart	—	10	10

NOTIFICATION OF INFECTIOUS DISEASE.

Tuberculosis respiratory system.		Tuberculosis, other forms.		Enteric fever.		Diphtheria.		Leprosy.		Whooping cough.		Cerebro-spinal fever.		Acute poliomyelitis.		Ophthalmia neonatorum.		Erysipelas.		Puerperal fever.		Total.	
Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non. Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.	Eur.	Non-Eur.
—	184	—	27	—	16	1	5	—	2	—	54	—	7	—	4	—	34	—	1	—	1	1	335

TABLE W.—Temperature of Air in the Shade, 1954-55.

Month.	Mean at 8 a.m.	Average for 48 years, 1st July, 1906, to 30th June, 1955.	Maximum Thermometer.				Highest and date for 48 years, 1st July, 1906, to 30th June, 1955.		Minimum Thermometer.				Lowest and date for 48 years, 1st July, 1906, to 30th June, 1955.	
	°F	°F	Mean °F	Average for 48 years, 1st July, 1906, to 30th June, 1955. °F	Highest. °F	Date.	°F		Mean °F	Average for 48 years, 1st July, 1906, to 30th June, 1955. °F	Lowest. °F	Date.	°F	
1954.														
July	50·04	51·282	58·30	61·893	66·2	30th	85·3	30th, 1927	48·00	45·674	43·20	27th	29·0	5th, 1909
August	52·90	52·967	62·20	64·449	77·0	17th	90·8	24th, 1918	50·20	47·759	43·70	24th	35·5	25th, 1926
September . .	55·80	55·228	65·70	66·248	82·4	17th, 28th	94·4	19th, 1943	51·10	47·900	44·20	9th	37·8	15th, 1953
October	54·71	58·057	70·00	70·511	85·1	30th	95·6	31st, 1915	53·80	50·457	47·50	15th	42·0	11th, 1943
November	65·11	57·456	74·50	72·297	89·2	16th	100·3	25th, 1927	57·70	55·694	52·50	28th	44·0	15th, 1924
December	65·50	64·524	77·40	75·102	88·5	8th	100·9	26th, 1941	57·90	60·039	53·60	16th	45·1	30th, 1931
1955.														
January	66·71	65·376	81·10	80·099	100·4	17th	104·0	31st, 1951	61·70	59·388	53·60	6th	42·2	7th, 1918
February	66·20	64·549	78·60	80·644	98·6	12th	103·8	14th, 1924	61·50	59·442	51·40	26th	45·6	28th, 1928
March	64·90	62·303	79·00	78·609	97·5	19th	101·0	19th, 1927	59·20	57·736	54·70	13th	43·3	29th, 1954
April	58·51	58·080	69·40	72·746	90·3	8th	102·9	1st, 1925	55·20	56·487	50·90	14th	40·8	28th, 1928
May	56·81	54·624	67·50	67·758	81·5	18th	95·5	3rd, 1932	52·05	53·666	48·16	16th	39·7	21st, 1954
June	55·90	52·180	63·55	60·769	75·2	13th	85·7	22nd, 1912	51·03	46·971	45·00	20th	35·8	29th, 1954
Year	60·25	58·052	70·60	70·927	100·4	17/1/1955	104·0	31/1/1951	54·93	53·434	43·20	27/7/1954	29·0	5/7/1909

TABLE X.—Rainfall and Humidity, 1954-55.

Month.	RAINFALL.								HUMIDITY.	
	Amount in inches.	Average for 48 years in inches, 1st July, 1906 to 30th June, 1955.	No. of rainy days.	Average rainy days for 48 years, 1st July, 1906 to 30th June, 1955.	Greatest fall in one day.		Greatest fall in one day for 48 years, 1st July, 1906 to 30th June, 1955.		Mean Saturation 100.	Average for 48 years, 1st July, 1906, to 30th June, 1955.
					Amount in inches.	Date.	Inches.	Date.		
1954.										
July	6·32	3·58	17	13·91	1·20	19th	2·67	26th, 1920	80·76	81·31
August	2·65	2·61	11	13·06	0·75	20th	1·90	8th, 1909	80·06	82·61
September ..	1·10	2·10	8	10·77	0·48	7th	1·45	17th, 1911	80·76	79·39
October	1·10	1·28	6	8·21	0·30	13th	1·55	6th, 1931	70·32	72·98
November.. ..	0·60	0·98	5	8·65	0·20	7th	2·35	13th, 1923	62·80	70·07
December	0·30	0·71	5	5·25	0·10	8th	1·61	18th, 1920	69·29	69·00
1955.										
January	Nil	0·58	Nil	3·71	Nil	Nil	1·50	2nd, 1936	67·77	68·56
February	4·14	0·49	3	3·73	2·12	18th	1·12	15th, 1940	69·14	73·30
March	0·43	0·72	3	5·47	0·27	29th	1·08	27th, 1910	76·90	75·06
April	1·54	1·90	7	9·25	0·81	23rd	1·62	15th, 1938	82·23	81·70
May	0·63	3·02	3	11·89	0·32	21st	2·76	19th, 1911	82·31	82·64
June	1·73	1·44	10	12·77	0·55	30th	2·65	8th, 1942	81·66	82·88
Year ..	20·54	19·41	78	106·67	2·12	18/2/1955	2·76	19/5/1911	75·33	74·95

TABLE Y.—Earth Temperature, 1954-55.

Month.	Range at one foot. °F	Range at one foot, 48 years, 1st July, 1906, to 30th June, 1955. °F	Range at two feet. °F	Range at two feet, 48 years, 1st July, 1906, to 30th June, 1955. °F	Range at four feet. °F	Range at four feet, 48 years, 1st July, 1906, to 30th June, 1955. F°
1954.						
July	54·0 to 57·2	49·2 to 64·0	57·0 to 59·0	54·0 to 62·0	59·0 to 62·0	53·0 to 65·0
August	55·0 to 59·0	50·9 to 63·0	57·0 to 60·0	53·8 to 62·6	59·0 to 61·0	55·0 to 63·0
September	58·0 to 67·0	50·9 to 67·9	59·0 to 65·0	55·0 to 67·0	60·0 to 63·0	57·1 to 65·5
October	63·4 to 74·0	57·1 to 75·9	65·0 to 70·0	58·0 to 72·8	63·0 to 67·0	56·8 to 73·8
November	69·0 to 78·0	59·3 to 83·0	70·0 to 75·0	60·0 to 79·7	67·0 to 76·0	60·8 to 76·2
December	73·8 to 79·0	63·0 to 83·8	75·0 to 78·0	60·5 to 80·5	72·4 to 75·4	63·8 to 81·4
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January	80·0 to 84·0	66·7 to 85·2	79·0 to 82·0	66·8 to 82·0	75·8 to 79·0	66·2 to 82·5
February	71·0 to 83·0	66·9 to 86·9	75·0 to 82·0	68·9 to 82·9	77·0 to 79·0	68·0 to 81·4
March	75·0 to 80·0	63·7 to 82·0	76·0 to 80·0	65·2 to 80·7	76·0 to 78·0	67·9 to 80·2
April	67·0 to 76·0	58·9 to 76·6	68·0 to 76·0	63·0 to 76·4	70·2 to 77·0	62·2 to 77·0
May	61·0 to 68·0	53·0 to 74·4	63·0 to 68·0	58·0 to 74·6	67·0 to 70·0	61·0 to 74·0
June	57·0 to 62·0	49·8 to 64·1	58·8 to 63·0	56·0 to 66·0	63·0 to 67·0	59·0 to 68·0
Year	54·0 to 84·0	49·2 to 86·9	57·0 to 82·0	53·8 to 82·9	59·0 to 79·0	53·0 to 82·5